DOCUMENT RESUME

ED 310 608 EC 221 018

AUTHOR Pickering, Marisue; And Others
TITLE Supervision Research in Human Communication Disorders: A State-of-the-Art Review.
PUB DATE 87
NOTE 174p.
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC07 Plus Postage.
DESCRIPTORS *Communication Disorders; Higher Education; Practicum Supervision; *Professional Education; Research Needs; *Supervision; *Supervisors; *Supervisory Methods

ABSTRACT

The review of the literature on supervision research in Human Communication Disorders examined papers given at the national conventions of the American Speech-Language-Hearing Association (ASHA) from 1972 to 1987, dissertations from 1965 to 1987, and professional journals from 1972 to 1987. Patterns and trends in the conference presentations are identified including more presentations on evaluating and assessing students than any other topic. Among concerns and issues raised are the need for further dissemination of conference papers. The review of dissertations notes that most studies investigated supervisor/supervisee conferences with other studies on supervisory styles, perceptions, expectations, affective behaviors, and effectiveness. Concerns are raised about the need to resolve the question of supervisory effectiveness. The review of journals identified nine journals as the primary sources for refereed publications in supervision. Articles are classified into eight categories such as characteristics of student clinicians and methods/conditions of supervision. Concerns are raised about the high percentage of authors holding doctorates in contrast to the usual educational attainment of practitioners doing clinical supervision. Among overall conclusions is the need for more scholarly work in supervision especially to identify relationships between outcomes and aspects of the supervisory process. Over half the document consists of an extensive bibliography. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

EC

ED310608

Supervision Research in Human Communication Disorders:
A State-of-the-Art Review

Marisue Pickering, Ed.D.
Associate Professor, Department Speech Communication, and
Executive Assistant to the President
University of Maine
Orono, Maine 04469

Kathryn Smith, Ph.D.
Assistant Professor, Department of Speech
Butler University
Indianapolis, Indiana 46208

Martha Crago, M.Sc.
Practicum Coordinator, School of Human Communication Disorders
McGill University
Montreal, Quebec H3G 1A8

Rita Naremore, Ph.D.
Professor, Department Speech and Hearing Sciences
Indiana University
Bloomington, Indiana 47405

Running head: SUPERVISION RESEARCH

EC 221018

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Marisue Pickering
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

Abstract

This article focuses on supervision research in Human Communication Disorders as it has been disseminated in three major contexts: The National Conventions of the American Speech-Language-Hearing Association (ASHA), dissertations, and professional journals. The literature from each of these contexts has provided the source for an examination of patterns and trends as well as of concerns and issues. The years covered by the review of ASHA convention presentations and journal publications are 1972 to the present. The review of dissertations begins with the earliest one in 1965 and extends to the present. The article thus provides the reader with a comprehensive and up-to-date review of the content of supervisory research as well as with an extensive bibliography of sources. It concludes with a discussion of challenges facing supervision research.

Supervision Research in Human Communication Disorders:
A State-of-the-Art Review

This article identifies and describes supervision research in the three contexts most frequently used for dissemination: The National Conventions of the American Speech-Language-Hearing Association (ASHA), dissertations, and professional journals. Each context represents a separate focus, with its own data, emphasis, and issues. Taken together, the contexts provide the reader with a comprehensive and up-to-date review of the content of supervisory research as well as with an extensive bibliography of sources. Most importantly, the three contexts provide a knowledge base for all professionals in the field involved in the supervisory process. The article concludes with a discussion of challenges facing supervision research.

Because of evolving and varying definitions of what constitutes research, it is difficult to be precise about its exact beginning in supervision. Nevertheless, certain dates stand out. As early as 1951, at the ASHA National Convention, a presentation by Paul Moore of Northwestern University focused on

"Supervision of Student Clinicians" (Moore, 1951). What was perhaps the earliest published work appeared in 1961 and focused on supervision of speech and hearing programs, rather than on supervision of students (Black, Miller, Anderson, & Coates, 1961). The first dissertation on supervision was completed by John Hatten in 1965 at the University of Wisconsin; its focus was conference content (Hatten, 1965/1966).

Over the years, research in supervision has developed and matured, with presentations and articles being disseminated at national, regional, and state conventions, as well as through selected journals. Furthermore, there has been a steady stream of doctoral dissertations on the supervisory process and related issues. The content and methodologies of the research have been summarized and reviewed by various authors, including Culatta and Helmick (1980, 1981), Smith (1983), and Anderson and colleagues (1984). Because only the earliest of these reviews has been published, recent works on supervision are often unknown or difficult to locate.

The present article extends Culatta and Helmick's work by including research available since their review, by updating the sources disseminating supervision research, by providing additional descriptive detail, and by identifying specific issues relevant to supervision research. By focusing exclusively on supervision in Communication Disorders, this review provides a state-of-the art summary.

In preparing this current review, the authors faced two major problems. The first concerned a definition of research--an issue that, with related epistemological questions, is a subject for inquiry in its own right (for example, Pickering, 1987; Ringel, Trachtman & Prutting, 1984; Siegel, 1987; Siegel & Spradlin, 1985).

The solution lay in understanding the context being reviewed. Dissertations in our field are investigative; defining research, therefore, became less of an issue than defining what constitutes the supervisory process. Our journals publish primarily, though not exclusively, investigative works; thus the review of published articles could naturally focus on such studies. Major scholarly essays that develop new concepts pertinent to the supervisory process also are included. Because conventions are the context where the broadest type of work can be disseminated, all relevant presentations are included, not only investigative ones. The selection guide used was a definition of clinical supervision, not of research.

The second major problem concerned the focus of each discussion. Again the solution lay in an understanding of the context itself. Dissertations and journal articles are content-oriented; thus their review naturally could focus on content. Convention presentations, being more numerous, shorter in length, and more varied, were judged to be better represented by focusing more on the number and kind of presentations and less on their content. Moreover, the use of abstracts--and in a few cases only titles--rather than the full presentation, precluded a thorough review of content.

Other problems concerned establishing parameters as to what to include and not include. For example, theses are not included because of the difficulty locating them. Apparently only a few have been submitted to indices. Also not included are non-investigative articles unless they are major scholarly essays. Thus committee reports, position papers, examples, or discussion pieces are omitted in the review of journal publications. Such items are included, however, in the review of convention presentations.

Readers will be aware of the lack of dissertation research as well as of the paucity of journal publications and conference presentations in audiology supervision. Research in this area is extremely limited. The most comprehensive published work is in book (Rassi, 1978) and chapter (Rassi, 1987) form.

Convention Presentations

The review of ASHA National Convention presentations on supervision covers the years 1972 to 1987, a time period corresponding with the significant amount of supervision research disseminated through dissertations and journals. Two sources were used to locate relevant presentations: the ASHA Annual Convention Program and SUPERvision, the quarterly publication of the Council of University Supervisors of

Practicum in Speech-Language Pathology/Audiology (CUSPSPA). A total of 386 presentations was thus identified. The next step was to apply to the abstracts of these presentations a recent definition of clinical supervision: "the tasks and skills of clinical teaching related to the interaction between a clinician and client" (ASHA, 1985, p. 57). In addition to the presentations thus identified, those on practicum management and on supervisors themselves were included. The resulting number reviewed was 321. These presentations are listed in Appendix A. The numbers preceding each citation indicate its topic category.

Patterns and Trends

The Spread of Convention Presentations

Since 1972, there has been noticeable variation rather than a steady, uninterrupted increase in the number of presentations on supervision, with a range from a low of 8 in 1973 to a high of 38 in 1984. Session numbers range from 2 in 1977 to 17 in 1984. With the exception of video sessions, there has been a representative distribution in recent years among session types although miniseminars predominate. For a tabulation of the number of papers devoted to supervisory issues since 1972, the number and percentage of sessions, and the breakdown by type of sessions, see Table 1.

Insert Table 1 about here

Because of the absence of available data, two interesting sets of percentages are missing. There appear to be no institutional data concerning both the percentage of papers accepted by the subcommittee handling supervision presentations and the percentage of total papers accepted, thus precluding a comparison. In addition, with the exception of 1976 and 1983, when the total number of convention papers was printed in the program, no summary data are available; thus the percentage of papers on supervision cannot be readily computed. For those two years, the percentage of total papers on supervision was 2.7% and 2.5% respectively.

An interesting issue emerged from the preparation of Table 1: Often a congruence exists between a high number of presentations regarding supervision and the presence of a subcommittee chairperson with a known commitment to supervision. Conversely, a congruence occurs between a low number of presentations and the presence of a chairperson generally unknown for research in supervision.

Types of Presentations

As can be seen in Table 2, the types of presentations can be divided into three broad categories: a) discussions or tutorials, b) specific examples--often "here's how we do it at X University," --and c) investigations.

Insert Table 2 about here

The discussions and tutorials include miniseminars that summarize information, present new concepts, and provide instruction. The examples cover diverse topics, such as the description of instructional techniques or the explanation of an evaluation system. Investigations are the largest group, with 144 presentations, or about 45% of the total. Within this category, five separate groups emerge (see Table 3). These groupings are based on what was stressed in the presentation abstracts and thus represent neither discrete categories nor standardized terminology. Nevertheless, most investigations appear to be surveys or correlational studies.

Insert Table 3 about here

Topics of Presentations

The 321 presentations are divided into 20 categories (see Table 4). All audiology supervision presentations are grouped together so as to enhance the particular features of the relatively few presentations.

Insert Table 4 about here

The first category in Table 4, Interactions Between Student Clinicians and Clients, has shown steady interest since 1972, with a peak in 1975. It has been a significant area for research studies using the interactional analysis systems that became available in the early 1970s. The next category, Student Clinicians' Attributes, contains only research studies. The presentations reflect the field's interest in the relationship among variables such as grades, personality traits, and clinical competence.

Category 3, Student Clinicians' Needs, Views, and Attitudes, is another area of study interest since 1972. The presentations include four panels with student representation. The next category, Student Clinicians and Self-Supervision, did not emerge until 1980, whereas the field's concern with Marginal Students (category 5) became apparent in 1974. Report-Writing (category 6), with its six presentations, has been the subject of tutorials, as well as of example papers.

Category 7, Evaluating, Assessing Students and Practicum, includes the delineation of competencies. It represents the topic presented the most consistently and frequently. Almost one-half of the presentations have been investigative reports.

Practicum Record-Keeping (category 8) first emerged as a topic in 1977. Six of the 10 papers relate to computerized record-keeping. Category 9 Models or Theories of Supervision and Clinical Training, suggests supervisors' interest in developing a framework and a grounding for their work.

The next grouping is Supervisory Conditions, Styles, Methods, and Techniques (category 10). Issues in this category of particular recent interest include direct and indirect supervisory styles. Conference Behaviors and Analysis (category 11) is another area that has received a steady focus, with the majority of the presentations being investigations.

Since 1972, there have been only 12 papers on Audiology Supervision. Four of these are on evaluative procedures, three on specific techniques, two on program descriptions, one on specific competencies, one on interpersonal communication skills, and one on leadership abilities in supervisors. Five of the 12 papers were presented in 1985, and five were presented by one individual (Rassi).

Off-Campus Supervision (category 13) is an area of steady and increasing focus, whereas Supervision of

Individuals Other Than Students (category 14) continues to be of interest, but with relatively few presentations. The Identification and Evaluation of Supervision Competencies (category 15) contains two kinds of papers: a) those on potential standards or competencies and b) those reporting studies or procedures for evaluating supervisors.

An area that has had ongoing interest since it emerged in 1974 is Interpersonal/Relationship Issues (category 16). Category 17, Tutorials on Supervision Research, with its first offering in 1978, reflects the specialty's interest in research methodologies.

Preparation and Training of Supervisors (category 18) has been of continual concern, with presentations almost every year. Category 19 focuses on Issues Involving Supervisors, such as establishing a state-level group. The last category includes such General Supervisory Issues as the use of a clinical practicum manual. In addition, papers on supervisory effectiveness--an emerging area of interest--are categorized here.

Presenters

Many ASHA presentations in supervision are by individuals who do considerable research in the area. For example, 60 different first authors have presented more than once and account for 55% of all presentations. Furthermore, several of these people have presented numerous times (see Table 5). Conversely, presentations also are given by individuals who show up as the sole or first author one time only (140 such presenters). ASHA supervision presentations, then, are given by those for whom the field represents a major research interest as well as by those who give the isolated paper. Numerous others are involved as second or collaborating authors.

Insert Table 5 about here

Concerns and Issues

Policies

The subcommittee of the Annual Program Committee charged with matters pertaining to supervision is not limited to supervision, nor even to clinical education. It is part of Professional Affairs, which, over the years, has been responsible for various concerns in addition to supervision. In 1981, for example, papers pertaining to clinics, supervision, education and training, public interest, international affairs, and minority issues were reviewed by the same subcommittee (ASHA, 1981, p. 112). Currently, the subcommittee that reviews supervisory proposals is Professional Affairs II (PA II). Its focus consists of clinical instruction and education; clinical and educational program evaluation, management, accreditation; clinical certification and CFY; and clinical supervision (ASHA, 1987, p. 41).

In considering this situation, certain questions should be raised. For example does a chairperson knowledgeable about clinical certification necessarily understand supervision? Perhaps it would be helpful if the ASHA Committee on Supervision and the Council of University Supervisors of Practicum in Speech-Language Pathology/Audiology were consulted regarding selection of chairs for the PA II subcommittee. Furthermore, it would be helpful to have the chair be someone who served as a committee member the previous year.

Content

Describing what has been presented in the past allows the field to consider whether or not to focus on something different for the future. For example, are supervisors comfortable with the percentage of presentations devoted to examples? Do the groups committed to supervision want to encourage more investigative studies, or is the current pattern satisfactory?

Another set of questions emerges from considering the actual content of the presentations. Given that every year there is an increasing range of experience in convention supervision audiences, it seems vital that PA II make sure that a range of content areas is presented.

Dissemination

Papers need not disappear after being presented at an ASHA National Convention. There are various professional journals as well as the ERIC System available for publication of articles. There also is SUPERvision, which, since 1976, has published summaries of ASHA National Convention papers on supervision.

About 26% of the presentations since 1976 have been published in this quarterly publication, which is distributed to all members of CUSPSPA. Although this non-refereed publication provides a major medium for dissemination, it has not been as fully utilized as it could be.

Summary and Conclusions

In the 16 conventions covered by this review, a sizable number of papers--over 300--have been on supervision. At least 65 others, not included in this review, have at least a tangential relationship to clinical teaching. As would be expected of convention presentations, there has been a variety of formats and topics. In addition, within the investigative studies, there has been a variety of data collection methods, types of methodologies, and types of designs. Furthermore, numerous individuals have been involved in supervisory research. All this is indicative of a commitment to the presentation of research and scholarship in supervision at ASHA National Conventions.

Dissertations

At least 24 doctoral dissertations and an unknown number of masters theses have investigated elements of the supervisory process in speech-language pathology and audiology. Lack of agreement throughout the profession as to a definition of the elements of the supervisory process makes it difficult to find all the documents potentially relevant. Nevertheless, because of the close network of people doing supervisory research, most doctoral dissertations are well known; thus, 24 is a reasonably complete number. Masters theses present a more difficult problem in that apparently only a few have been submitted to indices; thus, they were not reviewed for this discussion.

Dissertations in this review (see Appendix B) address some combination of factors about the supervisor, the supervisee/clinician or client, and the supervisory conference and/or the clinical session. In other words, supervisor and/or supervisee and conference or feedback must be included in the research question if the study is to be defined as supervisory process research. Other variables (client, clinical session) also may be included.

Other dissertations pertaining to students' clinical work or to training students in clinical skills have relevance to the supervisory process, for example, Kaplan (1972/1973), Klevans (1975/1976), Oratio (1977/1978), Volz (1975/1976). Nevertheless, for the purpose of this discussion, only dissertation research on the supervisory process has been considered.

All dissertation research reported here has been produced since 1965, a landmark date because of Hatten's (1965/1966) pioneering dissertation on supervision completed in that year. His work was followed in the 1970s by 9 dissertations and the 1980s (to date) by 14. Several variables have influenced the developing interest in supervisory research, for example: a) ASHA's emphasis on the role of supervision in clinical education and training, b) Indiana University's doctoral level program in supervision, and c) a growing knowledge base that has provided a focus and an impetus for additional research.

Patterns and Trends

Focus of Dissertations

Dissertation research can be grouped into seven categories. Some of the research crosses categories and is included more than once in the discussion and in the summary charts shown in Appendices C and D. Brief outcome statements of the research are in Appendix E.

Conference content and interactions. The majority of studies investigated conference content and interaction. Whatever the methodology, instrumentation, or analysis, clear, concrete, and often duplicated results have emerged regarding conferences, namely,

- Conference discussion usually was weighted heavily toward supervisors' talk. The supervisor dominated the conference and often was direct.
- Little evaluation occurred during the conference, and when it did, it usually was offered by the supervisor.
- Much conference time was spent sharing observations and information with little time spent in problem-solving and strategy-planning.
- Little time was spent focusing on affective

behaviors and interpersonal interactions. The focus was on cognitive issues.

- Conferences were constant over time, regardless of the level of supervisor training or supervisee experience.
- Supervisors could, when given directive feedback to "talk" less, reduce their talk during conferences.
- Conference content was correlated to perceived effectiveness.

Supervisory styles, conditions, or types. Several studies looked for an effect on clinicians' clinical interactions or supervisory interactions following a variety of supervisory styles, conditions, or types. Though several of the studies found no statistically significant differences in clinicians' behaviors, definite trends emerged, such as clinicians' preferences for specific types of supervisory involvement.

Perceptions. The study of perceptions has been of interest to a number of researchers. Perceptions and ratings of conference and supervisory interactions generally were positive; nevertheless, supervisors' and supervisees' perceptions of the same events were different. When supervisors, and clinicians' perceptions of the clinical process were studied, however, they tended to be more similar. Additionally, both clinicians and supervisors were able to identify different conference behaviors.

Expectations. Another area receiving investigative focus concerned expectations of the supervisory process. Expectations were found to have been influenced by a variety of variables such as the number of hours of clinical practicum previously completed. As supervisees became more experienced, their needs and expectations changed. Supervisees expected to receive support, be able to express opinions, assume an active role in conferences, receive feedback, and be given fair and impartial treatment and evaluation.

Affective behaviors and interpersonal interactions. Five researchers, using different methodologies, have investigated affective behaviors and interpersonal concerns. Conclusions include the following:

- Interpersonal conditions were perceived by supervisees as positive and facilitative throughout the interactions and at all levels training. Changes in professional self-esteem and clinical effectiveness were perceived.
- Supervisors did not use facilitative dimensions in their conferences regardless of the level of experience of the clinician. Conferences focused on the client rather than on the clinician and were instructional rather than self-exploratory.
- Feelings and mutual interactions rarely were discussed. If they were, the discussion usually was superficial or about the client.
- Clinicians could be trained to identify and use facilitating interpersonal techniques.
- Clinicians' entry level of clinical skills appeared to provide more of an explanation for their outcome level of clinical skills than their perception of supervisors' facilitative conditions.

Effectiveness. This area of investigation is highly significant to the validation of the supervisory process. The majority of studies examined the change in clinicians' clinical behaviors of clinicians following the manipulation of certain conference variables such as length of the conference, supervisory style used in the conference, or type of feedback received by the clinician. Although statistically significant differences were difficult to obtain, variations in the factors studied indicated that clinicians can and do change both supervisory and clinical behaviors. Two major problems with effectiveness research have been the types of designs and analyses used; thus, significant findings may have been masked.

Other. Several studies looked at additional topics related to the supervisory process. Findings include the following:

- Clinical interactions were affected by a clinician's knowledge of an observation (Rosenthal effect).
- Prior knowledge about the clinician affected

supervisors' evaluations of supervisees (Hawthorne effect).

- Supervisors utilized attributions when engaging in the supervisory process.

Instrumentation

The trend in much of the supervisory process research has been to develop or adapt instruments to measure perceptions, expectations, and conference interactions. The information in Appendix D indicates whether rating scales, interaction analysis systems, or other instruments were used in the dissertations reviewed. Some of the instruments have been validated and tested for reliability; others have not. Further research, therefore, should concentrate on validation of and experimentation with the available instruments, rather than on additional development or adaption of them.

Methodology

Determining the methodology used in the dissertation research was complicated by the variability with which terms such as experimental, descriptive, and case study are used in the supervisory literature. Furthermore, several of the studies used more than one methodology. For the identification of methodology noted in Appendix D, the following definitions were used:

- Case Study or Single Subject: Research follows individual(s) or case(s) through a specific set of conditions in a specific manner.
- Descriptive Quantitative: Research reports results as numeric data, primarily as measures of central tendency.
- Descriptive Qualitative: Research reports results in general descriptive terms and does not rely on data to establish trends.
- Correlational: No cause and effect relationship is established, with only relational information available.
- Experimental: Design includes manipulation of variables; both dependent and independent variables are included.

The majority of the studies used descriptive quantitative methodologies. Only one study was descriptive qualitative. These descriptive studies have provided a strong knowledge base regarding what happens in supervisory conferences as well as data regarding perceptions and expectations. Eight studies attempted experimental manipulations of variables to determine if differences occur when a different style or type of supervision is utilized. Most of these studies included only post-test data, a factor that may weaken their conclusions. Five studies relied on the use of correlations. Two used a single subject or case study design.

Concerns and Issues

Complexity of Questions

Two issues illustrate the complexity of questions in supervisory research. First, although progress has been made, the need to resolve the question of supervisory effectiveness still exists. The large number of variables that must be considered in any such study renders this question a complex one, as does lack of definitive criteria for identifying clinical effectiveness. A second complex question needing investigation concerns the effect of preparation in the supervisory process. Research needs to address ways to train supervisors to engage in effective practices.

Support

Obtaining faculty or committee support and departmental backing for supervisory research is an important concern. At times, the doctoral or master's level researcher is the primary (or in some cases the only) person in a program interested in the supervisory process. As a legitimate arm of the profession, supervision must receive the necessary support and assistance for research endeavors carried out in masters theses and doctoral dissertations.

Sources

Location of sources of information remains difficult for researchers in the supervisory process. Although supervisory process research is available in ASHA journals and in journals such as The Clinical Supervisor and the Journal of Communication Disorders, many items are difficult to obtain. Dissertations and theses are available through interlibrary loan or on microfilm; nevertheless, considerable time and sometimes expense are needed to obtain them. To assist others in their search for sources containing documents on the supervisory process, Appendix F provides a list of indices where such information can be found. Also included are the primary descriptors to consult in searching the literature.

Summary and Conclusions

Through the dissertation research completed to date, we have isolated critical issues to be addressed and problems to be solved. We have begun to look at smaller and more immediate issues rather that at the global ones initially investigated. Moreover, we also have begun to take the crucial step of publishing dissertation research in refereed journals. This last step is imperative for progress in supervisory process research.

Journal Publications

This review of journal publications begins with 1972. Although the primary focus of the review is investigative research on both student-clinicians and the supervisory process, it includes major scholarly essays that apply significant concepts and constructs from the literature of other fields. State-of-the-art summaries also are included.

No claim is made for having identified all the research in supervision. For example, research published in state association or regional journals was not reviewed, nor was the research presented in the published books on supervision (Anderson, 1987; Crago & Pickering, 1987; Oratio, 1977; Rassi, 1978; Schubert, 1978), or that reported in the proceedings of two conferences on supervision (Anderson, 1980; Farmer, 1987).

The review is limited to refereed publications in major journals.

Patterns and Trends

The Where and When of Publication

Nine journals are the primary source for refereed publications in supervision (see Table 6). Within these journals, 64 investigative or scholarly, conceptual articles have appeared since 1972. Five of the journals are affiliated with the American-Speech-Language-Hearing Association and one with the Canadian Association of Speech Language Pathologists and Audiologists (CASLPA).

Insert Table 6 about here

With 15 publications, either investigative or conceptual in nature, Asha contains the most articles. With the exceptions noted earlier, this number does not include non-investigative articles published in Asha.

The Journal of Communication Disorders, a non-ASHA journal, follows closely with a total of 14 research studies. A relatively new interdisciplinary journal on supervision, The Clinical Supervisor, has published 13 articles on supervision in our field. Ten were investigative, and three were scholarly essays.

In 1983 and 1982, the Journal of Speech and Hearing Research published two and three research articles, respectively, with one being published in 1987, for a total of six. The Journal of Speech and Hearing Disorders has published four research studies: two in 1978 and one each in 1981 and 1984.

The National Student Speech Language Hearing Association Journal has been a source of supervisory articles written for a student audience. Three from that journal are investigative, and one is conceptual in nature. *Acta Symbolica*, a journal no longer in existence, carried three investigative reports that focused on student clinicians or the clinical process.

Human Communication Canada, formerly known as *Human Communication*, is the recently revised (1985) journal of CASLPA. In its earlier form, in 1975, it published one study pertaining to students' clinical skills. In its revised format, it has had two reports of research, on the supervisory process, one in 1986 and one in 1987.

Language, Speech, and Hearing Services in Schools has published two research studies on supervision, although, like both *Asha* and the *NSSLHA Journal*, it has had other articles that were reports or discussions.

Although not identified in Table 6, *SUPERvision*, a non-refereed journal/newsletter distributed to members of CUSPSPA, has a place in the dissemination of supervision research. Since 1976, it has published summaries of approximately 66 ASHA National Convention presentations, many of which were investigative studies. In addition, non-refereed research studies that were not convention presentations have appeared in this publication.

Table 7 identifies the number of journal publications by year since 1972. Noteworthy is the increase in the quantity of published research since 1980. The Clinical Supervisor, which began in 1983, has provided a particularly viable forum for many studies.

Insert Table 7 about here

The years 1978, 1981, and 1987 were the most prolific for published research, with seven articles in each of those years. Six articles appeared in each of the years 1975, 1982, 1984, and 1985. Of the 64 articles tabulated, 41, or 64% have been published since 1980.

Some of the published articles come from dissertation research. At least eight of the articles reviewed are based on dissertations described in the preceding section. At least four others are based on dissertations not reviewed in the earlier discussion. Four of the six articles in JSHR, three of the four in JSHD, three in Journal of Communication Disorders, and one each in Asha and The Clinical Supervisor are dissertation-based.

Focus of Publications

With some variation, Doehring's (1987) five groupings have been used to categorize the major focus of the research reviewed. Three additional categories are included. The articles and categories are identified in Appendix G.

Characteristics of student clinicians/dimensions of clinicians' behavior. Publications in this area began in the mid-1970s and have focused on such issues as contributing factors in clinical skills, anxieties about clinical training, clients' opinions of student clinicians' effectiveness, the relationship of personal factors and characteristics to clinical competence, and clinical performance characteristics. Also included are research reports on the development of a form for the appraisal of clinical competence and on a comparison of methods of analyzing clinical interactions. Two studies examined dimensions of students' therapeutic behaviors; one of these is the only piece known to study students' nonverbal behaviors.

Characteristics of supervisors/supervisory preferences. A focus on supervisors also appeared in the mid-1970s and included emphasis on supervisors' skills and effectiveness. Students' perspectives have been of particular interest. In addition, researchers have been interested in supervisors' abilities to rate themselves and in supervisors' decision-making behaviors. The only profile of a large number (501) of supervisors was conducted in 1975.

The supervision conference. What actually happens during a supervisory conference has been the topic of published articles, as it was of several dissertations. Verbal interaction patterns have been studied as has the relationship between what happens in conferences and what models suggest should happen. Studies have relied heavily on ratings made by independent observers of videotaped portions of conferences. Both high and low inference systems have been used for conference analysis. One study used a qualitative methodology to examine the interpersonal content of the supervisory conference. Also of interest have been specific questions such as the effect of familiarity on evaluation, and the validity of using short segments for analysis.

Methods/conditions of supervision. Identifying strategies or methods that lead to increased effectiveness in supervision is an important concern. Studies have investigated, for example, the helpfulness of preparing agendas for supervisory sessions, the perceptions of interpersonal conditions and professional growth, and the utility of giving supervisors written feedback regarding the effectiveness of their supervision. A number of studies have examined aspects of the teaching clinic format.

Training of clinical skills. This category includes studies that focus on training interpersonal skills in students. Also included is a study on self-awareness training. Researchers have studied the effect of training on the practice of specific clinical skills and have evaluated the duration of training that was necessary for appropriate interpersonal skill development. An early study examined clinician bias, and a recent study dealt with casual attributions that may be present in students during their clinical training.

Other studies. This category includes those investigative studies that do not fit into Doehring's groupings. The studies report on such diverse items as the effect of supervisors' experience on students' rating of supervisors, comparisons of plans and clinical reports, supervision in the public schools, and effects of supervisory training.

Major conceptual essays. These essays reflect the field's interest in applying philosophical issues and new paradigms of thought to its concepts, models, and practices. Authors of these scholarly works have discussed applications from Rogerian psychology and existential philosophy; theories of conflict management; and issues of visual literacy, and relationship development.

State-of-the-art reviews. Asha has published three major state-of-the-art reviews on supervision since the early 1980s. Two of these articles constitute a two-part, extensive summary of research in the area of supervision. Also included in this summary are reviews of position papers and information on standards and guidelines. The third article is an in-depth review of the training of supervisors in speech-language pathology and audiology. The NSSLHA Journal published an additional state-of-the-art piece, thereby providing student clinicians with summary information about supervision.

Concerns and Issues

Doing Research

The common wisdom is that people with doctorates are better situated to produce research; information available about the authors identified in Appendix F reinforces this view. As well as can be determined, 26 of the 28 different first authors have doctorates. Yet, the vast majority of people regularly involved in clinical supervision do not have this degree. A related issue is that those with doctorates may become increasingly less involved in supervision as their careers develop. Obviously other models are needed, such as the pairing of a trained doctoral-level researcher with a practicing supervisor (for example, Roberts & McCready, 1987). Another possibility is that master's level supervisors commit themselves to investigate research (for example, Peaper, 1984).

Another related issue concerns the backgrounds of those who do supervision research. Not everyone with a doctorate in supervision or clinical training chooses to do research in the area--another reason for encouraging master's level supervisors to conduct supervisory research.

Getting Published

Culatta (1984) listed seven categories of reasons why articles (on any subject) were rejected by Asha. Briefly, they are

- Content was inappropriate for Asha.
- Manuscript contained flaws in writing style.
- Data did not make a meaningful contribution to current knowledge.
- Research was conducted with inadequate design.
- Findings were based on inadequate sampling.

- Authors over-generalized from the data.
- Authors did not answer the research question asked.

In addition, Culatta's article offered suggestions:

- Focus on issues of national concern, but ones that are not too broad.
- Use a recommended style manual.
- Submit the work first to colleagues for review.
- Do a thorough review of the literature before beginning the research.

During a recent conversation with this former Asha editor on the subject of supervision research, he stressed the relevance of the problems discussed in his article. He indicated that the issues were especially pertinent to submissions on supervisory research. In addition, Culatta identified other areas of concern, for example:

- The questionnaire format can pose problems.
- Measurements should be both valid and meaningful.
- Methodology needs to be rigorous.

JSHD has contained only four investigative articles on supervision. In an effort to understand the relative paucity, Janis Costello, past editor of that journal, was consulted. She outlined three concerns:

- There are very few submissions to begin with.
- Independent variables need to be specified clearly and made ecologically valid. Further, dependent variables need to be measured with reliable tools.
- The individual doing the research is not sufficiently sophisticated as a researcher, even though experienced as a supervisor.

A third ASHA journal, JSHR, has contained six articles on supervision. Discussions with Tanya Gallagher, past editor of that journal, indicated a major concern with regard to the reliability and validity of the supervision studies. Gallagher believes that authors typically do not deal adequately with these two features of research design.

Summary and Conclusion

Journal publications in supervision cover a wide range of investigative topics and address issues that are complex and difficult to research in a meaningful way. Scholars also have delved into the theoretical realm in order to increase the knowledge base from which supervisors seek to understand their work. Finally, publications have summarized the information about the practice, training, and investigation of supervision in order to understand better where we have come from and where we might go.

Publications have appeared in a variety of journals, for example, a research-only journal, a student association journal, a multidisciplinary journal, and a school-oriented journal. This reasonably wide dissemination reflects both the number of perspectives from which supervision has been approached and the variety of audiences for whom it is a concern.

Despite all this, the prevailing sentiment among supervisors is that the quantity of journal publications is small. Perhaps this is to be expected. Supervision is an area of scholarly interest that has attracted only a small number of doctoral level investigators. What is striking is the high productivity of this small core of people. What is also striking is that several major studies have been conducted by master's level practitioners. If we want more published work in supervision, more individuals will need to commit themselves to doing research.

Efforts to increase our expertise in both investigative methodologies and theoretical issues will only increase the quantity and quality of our research as well as the likelihood of our endeavors being published.

Critiques and Challenges

It is obvious that scholarly work in supervision is now an important component of the research in our field. It is being conducted on a number of significant questions, uses a range of methodologies, and is disseminated in an increasing number of places. Nevertheless, it has not been unusual to hear the remark, "But supervision is not a proper subject for research."

This comment should be taken seriously, for it reflects a belief that how we do supervision does not make any difference. Such a belief suggests that we do not like to focus on our own behaviors as teachers, or as clinical teachers--supervisors. Perhaps our assumption is that once we finish graduate school, we automatically know all there is to know about the processes of teaching and supervising. We will subject ourselves to a little upgrading of content now and then to catch up with the literature. But we seem to think that we do not need to focus on improving how we teach or how we supervise.

If we want people to believe that how we supervise matters, then we need to demonstrate that fact. We have to be prepared to answer the question, "Matters in terms of what?" For example, does supervision matter in terms of

- what the student prefers?
- what the student says he or she learns?
- what behavioral changes we see in the student?

Any one of these justifications could be satisfactory; in addition, there probably are other reasons supervision matters. But if we are not prepared to state why supervision matters, then supervisory research is irrelevant or at best esoteric.

If it matters how we supervise, then we need to be able to connect various outcomes with various aspects of the supervisory process. This is the heart of the issue. If we are to change our supervisory behaviors, we must know which supervisory behaviors matter. If we want the support of department chairs and deans, we must tell them how or why supervision matters. Research that does not show how supervision matters is largely preliminary research.

Asking what matters is not a simple question. It is extremely complex. There are not going to be easily demonstrated relationships between any supervisory behavior and any supervisee behavior. And even if one could demonstrate a short-term relationship, there is still the question of long-term change. When you start dealing with human processes, the world gets immensely complicated.

As an example of asking what matters, let's decide to manipulate the directness versus indirectness of the conference. Whatever this changes in the supervisee's behavior is the dependent variable. Perhaps what we expect will change is the student's ability to self-supervise and self-analyze. If it is, then we must find out through the research if what happens in the conference will in fact affect the clinician's ability to self-supervisee and self-analyze.

Questions of methodology overlap with questions of justification, even though they are separate concerns. For example, a study can be exceedingly well designed but ask irrelevant questions or deal with insignificant variables. Critics justifiably can say "So What?" Conversely, a study can ask the quintessential question but be so poorly designed that the answers are neither reliable nor valid.

A methodological issue that often arises concerns the nature of the methodology itself. Descriptive methodologies have been popular in supervision research, as in other areas of our field; yet we seem to have an inferiority complex about them. The fact is, we do very little true, pure experimental research in any area of speech and hearing sciences. A major reason for this is that we need descriptive research to establish a base of knowledge before we can experiment. A researcher needs to know what is going on in an area before being able to decide what to manipulate.

A second methodological issue concerning supervision research has to do with statistics. Supervisors often seem afraid of statistics or are defensive if they lack in-depth knowledge in the area. If the truth were known, probably very few people in our discipline are accomplished statisticians. Thus, rather than adding more statistics courses to supervisory training programs, perhaps we should be adding consultation courses. What we need to know is how to consult with statisticians. Statistics are a tool, not a reason for being, and there is no reason why we should expect ourselves to have sophisticated knowledge about all the latest tools.

Another issue overlapping methodology and justification has to do with design. A focus in our whole field, not just in supervision, needs to be on design, for example, choosing reasonable and justifiable dependent and independent variables and then looking at those variables in a coherent framework. Usually the framework comes out of a theoretical position. Many problems in supervision research are because we have not had a clear theoretical perspective to guide design.

Supervision has made significant gains since its early days. Both the questions and the methodologies have been refined. Supervision research is now in the same position as research in many other areas of the field; that is, we need to know clearly where we have been and where we want to go. When we have decided that, we then need to ask how did we get here and how might we get somewhere else--wherever that somewhere else is we would like to be.

References

American Speech-Language-Hearing Association, Committee on Convention Program. (1981). Call for papers and program suggestions. _Asha_, _23_(2), 110-117.

American Speech-Language-Hearing Association, Committee on Supervision in Speech-Language Pathology and Audiology. (1985). Clinical supervision in speech-language pathology and audiology. A position statement. _Asha_, _27_(6), 57-60.

American Speech-Language-Hearing Association, Program Committee for the 1987 ASHA Convention. (1987). Call for papers and program suggestions. _Asha_, _29_(2), 39-47.

Anderson, J. L. (1980). _Proceedings: Conference on training in the supervisory process in speech-language pathology and audiology_. Bloomington, IN: Indiana University

Anderson, J. L. (1987). _The supervisory process in speech-language pathology and audiology_. San Diego, CA: College-Hill Press.

Anderson, J. L., DeVane, G. F., Ingrisano, D. R., Kennan, W. R., Laccinole, M. D., McCrea, E. S., Naremore, R. C., Pickering, M., & Smith, K. J. (1984, November). Research methodologies for the supervisory process. Double Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

Black, M. E., Miller, A. E., Anderson, J. L., & Coates, N. H. (1961). Supervision of speech and hearing programs. In F. Darley (Ed.), Public school speech and hearing services. JSHD Monograph Supplement #8 (pp. 22-32). Washington, DC: American Speech and Hearing Association.

Crago, M. B., & Pickering, M. (1987). Supervision in human communication disorders: Perspectives on a process. San Diego, CA: College-Hill Press.

Culatta, R. A. (1984). Why articles don't get published in Asha. Asha, 26(3), 25-27.

Culatta, R., & Helmick, J. W. (1980). Clinical supervision: The state of the art. Part I. Asha, 22, 985-993.

Culatta, R., & Helmick, J. W. (1981). Clinical supervision: The state of the art. Part II. Asha, 23, 21-31.

Doehring, D. G. (1987). Research on human communication disorders supervision. In M. B. Crago & M. Pickering (Eds.), Supervision in human communication disorders: Perspectives on a process (pp. 81-106). San Diego, CA: College-Hill Press.

Farmer, S. S. (1987). Proceedings: Clinical supervision: A coming of age. A national conference on supervision. Las Cruces, NM: New Mexico State University.

Hatten, J. T. (1966). A descriptive and analytical investigation of speech therapy supervisor-therapist conferences (Doctoral dissertation, University of Wisconsin, 1965). Dissertation Abstracts International, 26, 5595-5596. (University Microfilms No. 65-13,735)

Kaplan, N. R. (1973). An investigation of the influence of self-awareness training on variables pertinent to student speech-pathologist-client relationships (Doctoral dissertation, Wayne State University, 1972). Dissertation Abstracts International, 33, 5562-B. (University Microfilms No. 73-12,546)

Klevans, D. R. (1976). A comparison of two training programs to enhance the helping skills of undergraduate students in speech pathology (Doctoral dissertation, Pennsylvania State University, 1975). Dissertation Abstracts International, 37, 2790B. (University Microfilms, No. 76-26,830)

Moore, P. (1951, December). Supervision of student clinicians. Presentation at the meeting of the American Speech and Hearing Association, Chicago, IL.

Oratio, A. R. (1977). Supervision in speech pathology: A handbook for supervisors and clinicians. Baltimore, MD: University Park Press.

Oratio, A. R. (1978). Multivariate relationships between clinician-client demography and discrete therapeutic behaviors as perceived by clinical supervisors (Doctoral dissertation, Bowling Green State University, 1977). Dissertation Abstracts International, 38, 4173-B. (University Microfilms No. 7800238)

Peaper, R. E. (1984). An analysis of student perceptions of the supervisory conference and student developed agendas for that conference. *The Clinical Supervisor*, *2*(1), 55-69.

Pickering, M. (1987). Supervision: A person-focused process. In M. B. Crago, & M. Pickering (Eds.), *Supervision in human communication disorders: Perspectives on a process* (pp. 107-134). San Diego, CA: College-Hill Press.

Rassi, J. A. (1978). *Supervision in audiology*. Baltimore, MD: University Park Press.

Rassi, J. A. (1987). The uniqueness of audiology supervision. In M. B. Crago, & M. Pickering (Eds.), *Supervision in human communication disorders: Perspectives on a process* (pp. 31-54). San Diego, CA: College Hill Press.

Ringel, R. L., Trachtman, L. E., & Prutting, C. A. (1984). The science in human communication sciences. *Asha*, *26*(12), 33-36.

Roberts, J. E., & McCready, V. (1987). Different clinical perspectives of good and poor therapy sessions. *Journal of Speech and Hearing Research*, *30*, 335-342.

Schubert, G. W. (1978). *Introduction to clinical* supervision in speech pathology. St. Louis, MO: Warren H. Green.

Siegel, G. M. (1987). The limits of science in communication disorders. Journal of Speech and Hearing Disorders, 52, 306-312.

Siegel, G. M., & Spradlin, J. E. (1985). Therapy and research. Journal of Speech and Hearing Disorders, 50, 226-230.

Smith, K. J. (1983, November). Supervision research: Past history, current issues, and proposed directions. Miniseminar presented at the meeting of the American Speech-language-Hearing Association, Cincinnati, OH.

Volz, H. B. (1976). The effects on clinical performance, client progress, and client satisfaction of two programs to enhance the helping skills of undergraduate students in speech pathology (Doctoral dissertation, Pennsylvania State University, 1975). Dissertation Abstracts International, 37, 716B. (University Microfilms No. 76-17,239)

Appendix A

ASHA Convention Presentations in Supervision

1972 - 1987

(20) American Speech-Language-Hearing Association. (1984, November). Supervision prescription. Film theatre presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(16) Amon, C., & Hersch, L. B. (1974, November). Clinical supervision: Are we dealing with feelings? Paper presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(7) Andersen, C. F. (1982, November). The effects of supervisor bias. Paper presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(18) Anderson, J. L. (1972, November). Preparation of supervisors/coordinators for speech, hearing, and language programs in the schools. Paper presented at the meeting of the American Speech

and Hearing Association, San Francisco, CA.

(3) Anderson, J. L. (1973, October). *Supervision: The supervisee speaks*. Paper presented at the meeting of the American Speech and Hearing Association, Detroit, MI.

(18) Anderson, J. L. (1978, November). *Training of supervisors in speech-language pathology*. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(17) Anderson, J. L., DeVane, G. F., Ingrisano, D. R., Kennan, W. R., Laccinole, M. D., McCrea, E. S., Naremore, R. C., Pickering, M., & Smith, K. J. (1984, November). *Research methodologies for the supervisory process*. Double miniseminar presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(9) Anderson, J. L., Finneran-Andersen, C., McCrea, E., Smith, K. J., Wedeking, M., Brasseur, J. A., Casey, P. L., & Crist, A. (1980, November). *Clinical supervision--what does it mean?* Miniseminar presented at the meeting of the

American Speech-Language-Hearing Association, Detroit, MI.

(11) Anderson, J. L., Smith, K. J., Brasseur, J. A., Casey, P. L., & Roberts, J. E. (1979, November). Studying the supervisory process. Short course presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(20) Andrews, M. V. L., Cromer, P. A., DeVane, G. F., & Shank, K. H. (1973, October). Professional service and training within a university residential program for children. Paper presented at the meeting of the American Speech and Hearing Association, Detroit, MI.

(20) Atkins, C. P., & Cartwright, L. R. (1984, November). A comparison of supervisory techniques across six disciplines. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(1) Avent, J. R., & Michel, L. I. (1979, November). Supervision and the consistency of beginning

clinician behavior. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(7) Bacon, S. E., & Nunez, L. M. (1986, November). *From decimals to descriptors: Developing a behavioral feeback system*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(2) Bacon, S. E., Nunez, L. M., & Levin-DeFazio, J. A. (1985, November). *An analysis of student personality self-perception and clinical effectiveness*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(8) Balthazor, R. J., & Cevette, M. J. (1979, November). *Computer processing of clinical experiences in speech pathology and audiology*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(12) Baran, J. A. (1985, November). *Evaluation of student practicum in audiology: An objective*

assessment. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(9) Basili, A. G., Diener, S., & Rao, P. R. (1976, November). A systematized approach to student training. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(5) Blackwell, P. B. (1979, November). Counselling out: Can we? How can we? Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(7) Bless, D. M., Shriberg, L. D., Carlson, K. A., Doherty, R. T., Filley, F. S., Kwiatkowski, J., & Smith, M. E. (1977, November). Use of W-PACC as a supervisory tool: A national survey. Paper presented at the meeting of the American Speech and Hearing Association, Chicago, IL.

(11) Block, F. K. (1979, November). A new method of pre-conference observation--effect on supervisory conferences. Paper presented at the meeting of the American Speech-Language-Hearing

Association, Atlanta, GA.

(10) Block, F. K. (1981, November). *The pre-conference observation system: Supervisors' points of view*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(15) Block, F. K., & Brown, E. L. (1976, November). *Evaluating supervision*. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(7) Blodgett, E. G., Schmitt, J. F., & Scudder, R. R. (1984, November). *Clinical session evaluation: The effect of familiarity with the supervisee*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(7) Blosser, J. L. (1979, November). *Profile of clinical competence: Steps toward developing skilled clinicians*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(20) Blosser, J. L., & DePompei, R. F. (1984,

November). Guiding beginner clinicians from classroom to clinic: Procedures for supervisors. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(13) Bountress, M. G., & Callendar, M. M. (1984, November). Challenges of facilitating effective supervision in the schools. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(20) Bowden, L. H., Counihan, D. T., Shames, G. H., Sheldon, N., & Haller, R. M. (1974, November). Who controls clinical practicum and how? Paper presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(10) Brasseur, J. (1986, November). Direct and indirect supervisory styles: An overview. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(13) Brittin, M. E. (1975, November). Trends and issues

in clinical experience in the schools. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(13) Brittin, M. E. (1978, November). Practicum training in speech-language pathology and audiology for school personnel. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(13) Brittin, M. E., Crawford, J., & Burns, B. (1972, November). Innovative student teaching experiences and placement. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(18) Brown, E. L. (1976, November). Teaching supervisory skills. Video presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(10) Brown, E. L. (1978, November). Direct supervisory behavior versus indirect supervisory behavior. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(10) Brown, E. L., & Block, F. K. (1980, November). *Suggested supervisory strategies based on research results*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(11) Brown, E. L. & Cawley, A. (1979, November). *Analyzing a supervisory conference*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(10) Buckberry, E. S. (1979, November). *Delayed written feedback--a supervisory approach to self-evaluation enhancement*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(1) Butler, K. G. (1976, November). *Supervision of clinicians: The three C's . . . competition, complaints, and competencies*. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(10) Caracciolo, G. L., Morrison, E. B., & Rigrodsky, S. (1979, November). *Perceived student*

professional self-esteem in relation to supervisory conditions. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(9) Caracciolo, G. L., Rigrodsky, S., & Morrison, E. B. (1976, November). *A model of clinical supervision based upon a Rogerian theoretical construct*. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(3) Cartwright, L. R., & Atkins, C. P. (1984, November). *Ratings of desirable supervisory characteristics by speech-language pathologists and students*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(7) Cartwright, L. R., & Haines, K. B. (1986, November). *Evaluation of clinicians' strengths and weaknesses via an objective instrument*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(7) Cartwright, L. R., & Haines, K. B. (1987, November). *Reactions of clinicians and supervisors to objective evaluation: A comparison*. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(11) Casey, P. L. (1980, November). *Analyzing small segments of supervisory conference interaction: McCrea's adapted system*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(7) Casey, P. L. (1984, November). *Clinician action change following verbal and written supervisory feedback*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(5) Chamberlain, M., & Gallagher, T. M. (1974, November). *Supervising the marginal student in clinical practicum*. Miniseminar presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(13) Clark, P. M., Silverstein, J., Sweetman, R. J., &

VanDyke, L. M. (1984, November). Internship communication model: Statewide university/ internship site cooperative approach. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(13) Cole, N.J., & Moeschl, S. E. (1979, November). Supervision of practicum students in a clinical setting. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(20) Connors, W. A. (1983, November). Supervisory use of instructional objectives by a clinical aphasiologist. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(11) Cory, M. W., & Chambers, R. D. (1979, November). The relationship between supervisor conference performance and supervisee experience. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(14) Costello, T. J., & Schuckers, G. H. (1973, October). *Supervisory accountability in public schools*. Paper presented at the meeting of the American Speech and Hearing Association, Detroit, MI.

(9) Crago, M. (1983, November). *Student-supervisor interactional self-exploratory training: A description and model*. Short course presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(17) Culatta, R. A., & Helmick, J. W. (1979, November). *Clinical supervision: The state of the art*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Assocation, Atlanta, GA.

(11) Culatta, R. A., & Seltzer, H. N. (1974, November). *Content and sequence analysis of the supervisory conference*. Paper presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(11) Culatta, R. A., & Seltzer, H. W. (1976, November). *Content and sequence analysis of the*

supervisory session: A report of clinical utilization. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(3) Cumpata, J. E. F., & Johnson, K. R. (1983, November). Student perceptions of group and individual clinician-supervisor conferences. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(13) Curry, F. K. W. (1978, November). Student externships in communicative disorders: A growing professional dilemma. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(10) DeVane, G. F. (1984, November). Communication/ management styles: Their relationship to clinical supervision. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(14) DeVoe, M. F., & DeVoe, S. J. (1974, November). Supervised professionals: Accountability or

confusion. Paper presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(13) Donnelly, C. A. (1980, November). The communication process between supervisors and student teachers. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(9) Donnelly, C. A., & Glaser, A. J. (1987, November). Data-based supervision in speech-language pathology. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(20) Dopheide, W. R. (1982, November). Relationships between experience and opinions regarding practicum supervision. Paper presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(7) Dopheide, W. R., McCready, V., & Thornton, W. (1984, November). A preliminary validation of a practicum performance assessment scale. Paper presented at the meeting of the American

Speech-Language-Hearing Association, San Francisco, CA.

(2) Dowling, S. S. (1983, November). *Clinical performance characteristics of failing, average, and outstanding clinicians*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(18) Dowling, S. S. (1983, November). *The impact of training in supervision upon conference talk behaviors*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(7) Dowling, S. S. (1984, November). *Therapy evaluation: Self, self with videotape, peers and supervisors*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(3) Dowling, S. (1985, November). *Teaching clinic conferences: Participants' perceptions*. Paper presented at the meeting of the American Speech-Language-Hearing Association,

Washington, DC.

(3) Dowling, S. (1985, November). Typical, ideal conferences: Perceptions as a function of training. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(18) Dowling, S. (1986, November). Supervisory training: Impact on cognitive complexity and rhetorical sensitivity. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(10) Dowling, S. (1986, November). The teaching clinic in process. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(2) Dowling, S., & Bliss, L. S. (1982, November). Cognitive complexity rhetorical sensitivity: Contributing factors in clinical skill. Paper presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(17) Dowling, S. S., Goodwin, W., Ingrisano, D.,

McCrea, E. S., & Smith, K. J. (1978, November). The supervisory process in speech-language pathology and audiology: Research. Miniseminar presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(20) Dowling, S., Lougeay-Mottinger, J. W., Harris, M. R., Kaplan, K. E., Felicetti, T., Ingram, D. B., Buckman, G. F., & Brown, E. L. (1981, November). A current look at supervision. Short course presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(9) Dowling, S., & Michalak, D. C. (1976, November). The teaching clinic, a supervisory alternative. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(11) Dowling, S., Sbaschnig, K. V., Williams, C. J., Polk, G. H., & Gleim, E. A. (1980, November). Culatta and Seltzer observation system: Question of reliability and validity. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit,

MI.

(10) Dowling, S. S., & Shank, K. H. (1976, November). *A comparison to determine the effect of two supervisory styles, conventional and teaching clinic, in the training of speech pathologists*. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(3) Dowling, S. S., & Wittkopp, J. (1979, November). *Perceived supervisory needs: A function of training level*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(10) Dragoo, M. A. (1986, November). *Relationship between amount of supervision and types of questions asked*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(1) Dublinske, S., & Dublinske, L. H. (1975, November). *A supervisory tool for analyzing clinical process*. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(13) Edwards, D. B. (1976, November). External influences on the school practicum triad. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(11) Edwards, D. B. (1979, November). Negative feedback as a positive interaction in supervisory conferences. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(19) Ellis, L. W. (1986, November). An approach to supervisor self-confrontation. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(10) Engnoth, G. L., & Lingwall, J. B. (1974, November). A comparison of three approaches to supervision of speech clinicians in training. Paper presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(13) Erickson, R. L., O'Toole, T. J., Darley, F. L., Fox, D. R. (1972, November). Supervision of the clinical trainee. Paper presented at the

meeting of the American Speech and Hearing Association, San Francisco, CA.

(9) Farmer, S. S. (1980, November). *Case staffings: A way of developing the colleagueship supervisory process*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(1) Farmer, S. S. (1980, November). *Interview analysis system*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(16) Farmer, S. S. (1984, November). *Facilitating interpersonal communication competence in supervisory conflict systems*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(20) Farmer, S. S. (1986, November). *Supervision in communication disorders: Metalinguistic analysis of assumptions and predictions*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit,

MI.

(20) Farmer, S. S. (1987, November). *Supervision in communication disorders: Assumptions and predictions (Phase III)*. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(16) Farmer, S. S., & Farmer, J. L. (1984, November). *Verbal and nonverbal communication pacing: A facilitation program*. Video presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(20) Farmer, S. S., & Farmer, J. L. (1985, November). *Supervision in communicative disorders: Assumptions and predictions*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(18) Farmer, S. S., Farmer, J. L., Dimmer, J. M., Lyon, M. H., Nesbit, E. J., Thompson, C. A., & Wertzberger, D. L. (1987, November). *Preparation for supervision roles: Metacognitive strategies*. Miniseminar presented at the meeting of the American Speech-Language-

Hearing Association, New Orleans, LA.

(20) Farmer, S., Farmer, J. L., Trujillo, C. D., & Morales-Pena, B. (1983, November). Bilingual supervision: Does it make a difference? Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(10) Farmer, S. S., Jackson, C. O., & Farmer, J. L. (1986, November). Unilateral and bilateral styles of dyadic and group clinical education/ supervision. Short course presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(12) Frank, T. (1978, November). A competency-based diagnostic audiology practicum evaluation procedure. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(18) Frederick-Middleton, G., & Pannbacker, M. (1975, November). Supervision--a paradox. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(12) Forbord, J. L., Stewart, C. Y., & Bryant, S. M. (1985, November). *A quantitative evaluation of audiology clinical practicum*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(18) Ganz, C. K., & Rowell, S. B. (1984, November). *ASHA's suggested competencies for supervision: A survey and training model*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(8) Geers, A. V., Miller, J. D., Coaker, F., & Rapp, J. S. (1977, November). *An inexpensive system for computer storage of clinical data*. Paper presented at the meeting of the American Speech and Hearing Association, Chicago, IL.

(7) Geron, L. B., Buford, C., Lourdes, L., Davidson, J., Dugger, N., Hogan, L., & Spanier, P. (1975, November). *Development of clinical skills through competency-based supervision*. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(14) Gerstman, H. L. (1973, October). *Meeting the need*

for qualified supervision. Paper presented at the meeting of the American Speech and Hearing Association, Detroit, MI.

(20) Ghitter, R. V. (1987, November). *Effect of background and interpersonal variables on supervisee clinical effectiveness*. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(20) Gillam, R. B., Strike, C. A., & Anderson, J. L. (1987, November). *Facilitating changes in clinical behaviors: An investigation of supervisory effectiveness*. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(1) Glazewski, B., & Colburn, N. (1982, November). *Teaching student clinicians informal assessment of language skills in toddlers*. Video presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(7) Golberg, L. L., Erickson, J. E., & McFarlane, S. C. (1985, November). *Comparison of supervisor*

ratings and student-clinician self-ratings of practicum performance. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(10) Goldberg, S. A. (1979, November). Effects of supervisory feedback specificity. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(11) Goodwin, W. M., & Anderson, J. L. (1977, November). Changes in therapy behavior following three conditions of supervisory conferences. Paper presented at the meeting of the American Speech and Hearing Association, Chicago, IL.

(7) Grandstaff, H. L. (1972, November). The use of learning principles as one index of therapeutic analysis: A four factor approach. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(6) Grandstaff, H. L. (1976, November). Operationally written therapy procedures in supervised

clinical practicum. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(1) Grandstaff, H. L., & Weinrich, B. D. (1978, November). Consistency of supervisory ratings using the content and sequence analysis. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(9) Grossman, P. G. (1974, November). Communication processes in clinical supervision. Paper presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(20) Grossman, P. G. (1976, November). Emerging criteria for clinical supervision. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(6) Gunter, C. D. (1983, November). Clinical reports in speech-language pathology: The nature of supervisory feedback. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(3) Hageman, C. F., Ferguson, C. L., & Harrington, J.

F. (1987, November). *Student clinician exposure to client progress: Its relevance for training*. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(19) Hagler, P. H., & Anderson, J. L. (1987, November). *Effects of feedback on amount of supervisor talk during conferencing*. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(7) Hagler, P. H., & Fahey, R. F. (1984, November). *Effect of providing supervisors with normative statistics before student evaluation*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(10) Hagler, P. H., & Webster, E. (1986, November). *Effects of supervisory feedback on supervisee's use of consequation*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(20) Haines, K. B., & Prichard, C. L. (1987, November).

Survival skills for rural speech-language pathologists: Developing pre-service coursework. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(8) Haire, A. D., & Davis, G. A. (1981, November). *Chart review for student supervision in aphasia treatment*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(7) Halfond, M. M., & Russell, L. H. (1986, November). *The evaluative component of clinical instruction: Written commentaries*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(13) Hall, P. K., & Knutson, C. L. (1978, November). *Placement of preprofessional students in a communication aid program*. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(14) Halper, A. S., Mogil, S. I., O'Neill, P., &

Makarzyk, J. (1984, November). Supervised independent therapy: A unique treatment program. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(14) Hambrecht, G., & Pecyna, P. M. (1986, November). Individual participation in the evaluation of practicing speech-language pathologists. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(15) Hanner, M. A., Nilsen, J. F., & Richard, G. J. (1983, November). A supervisory evaluation form based on ASHA's suggested competencies. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(19) Hanrahan, L. L., & Paulus, J. E. (1985, November). Cognitive style mapping in clinical aspects of speech-language pathology. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association,

Washington, DC.

(8) Harden, J. R., & Harden, R. W. (1983, November). *Interactive computer collation of clinical practicum*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(8) Harden, J. R., & Harden, R. W. (1984, November). *Micro computer collation of clinical practicum*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(8) Harden, J. R., & Harden, R. W. (1985, November). *Micro computer collation of clinical practicum*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(7) Harden, J., & Harden, R. W. (1986, November). *Microcomputer program for the analysis of students' practicum performance*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(6) Hargrave, J. K. (1984, November). Developing report writing skills. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(6) Hargrave, J. K. (1985, November). Developing report-writing skills. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(13) Harmer, S. L., Polk, G. H., & Powell, G. L. (1974, November). A model of a graduate internship program between the university and the clinic. Paper presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(2) Harrington, J. F., & Olson, T. D. (1986, November). Attributes that characterize clinician effectiveness: Relevance of therapeutic setting. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(4) Harris, J. L. (1983, November). Training in self-management skills for practicum students. Paper presented at the meeting of the American

Speech-Language-Hearing Association, Cincinnati, OH.

(5) Harris, J. L. (1984, November). *Counseling-out without liability, guilt, or recrimination*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(20) Hartmann, B. V. (1978, November). *Questionnaire: Administration, organization, supervision, and financing of ETB training clinics*. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(7) Hatten, J. T., Bell, K. J., & Strand, J. M. (1983, November). *A comparative study of supervisory evaluation of a clinical session*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(1) Hebald, B. L. (1980, November), *Eliciting spontaneous language: A behavioral analysis tool*. Paper presented at the meeting of the

American Speech-Language-Hearing Association, Detroit, MI.

(14) Henri, B. P. (1978, November). *An approach to professional staff annual review and evaluation*. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(14) Higdon, L. W., Johnson, M. A., Leslie, C. P., Ranney, J. B., & Rosen, R. (1981, November). *The clinical fellowship year: Procedures, supervision philosophy, and manpower utilization*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(9) Higginbotham, P. V., Dunham, M. J., Barker, L. D., Hillard, S. W., & Antwine, B. M. (1986, November). *Group models: A brave new world of supervision*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(3) Hoffman, R. L., Graham, J. K., Young, W. L., Philips, B. J., Rogister, S., Curlee, R., &

Redder, A. (1975, November). Student concerns: Clinical training and after . . .. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(8) Hood, S. B., & Miller, L. R. (1982, November). Computer assisted management of client, clinician, and clinic records. Paper presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(11) Houle, G. R., & Duffy, F. M. (1985, November). The diagnostic conference planning quesionnaire for speech-language pathology. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(7) Howard, K. J., & Gupton, R. K. (1978, November). Competency-based student-teacher education in speech-language pathology. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(15) Hull, R. A., Kramer, W. L., Heady, L. S., Erb, L. L. V., Thornburg, J. D., & Updike, C. D. (1985, November). Graduate and undergraduate ratings

of thirteen ASHA approved supervision competencies. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(1) Ingrisano, D. R. (1979, November). Changes in clinician instructional speech as a function of observation. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(17) Ingrisano, D. R. (1980, November). Solving clinical and supervisory process problems through time-series designs. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(11) Irwin, R. B. (1973, October). Interactional analysis of verbal behaviors of supervisors and speech clinicians during microcounseling sessions. Paper presented at the meeting of the American Speech and Hearing Association, Detroit, MI.

(1) Irwin, R. B. (1975, November). Behaviors of speech

clinicians during the clinical process. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(3) Irwin, R. B. (1977, November). Concerns of clinical trainees in speech pathology. Paper presented at the meeting of the American Speech and Hearing Association, Chicago, IL.

(1) Irwin, R. B., & Hall, A. S. (1972, November). Microtherapy--A study of behaviors of speech clinicians under several feedback conditions. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(12) Jackson, C. O. (1985, November). Supervision in audiology: A competency based approach. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(10) Johnson, C. J., & Fey, S. H. (1982, November). Comparative effects of teaching clinic vs. traditional supervision methods. Paper presented at the meeting of the American

Speech-Language-Hearing Association, Toronto, Canada.

(7) Johnson, M. A., Prudhomme, M. R., & Rogero, E. A. (1979, November). Competency based objectives for the student teaching experience. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(1) Kaplan, N. R., & Dreyer, D. E. (1972, November). An investigation of the influence of self-awareness training on variables pertinent to student speech clinician-client relationship. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(13) Keith, D. J. (1984, November). Preparing students to become independent professionals in adult rehabilitation clinics. Paper presented at the the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(10) Kennedy, K. B., & Dengerink, J. E. (1983, November). Equal status for supervision and

supervisors in the university setting. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(16) Kennedy, K. B., McCready, V., & Shapiro, D. A. (1986, November). Dynamics of change in supervisors, supervisees, clients: Scenarios and discussion. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(16) Kennedy, K. B., McCready, V., Shapiro, D. A., & Prater, R. J. (1987, November). Self-disclosure in the supervisory process: Scenarios and discussion. Double miniseminar presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(8) Kent, L. R. (1977, November). Problem-oriented recording for clinical service and supervision. Paper presented at the meeting of the American Speech and Hearing Association, Chicago, IL.

(8) Kent, L. R., & Chabon, S. S. (1979, November). The problem-oriented record for service and

supervision. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(5) Kienle, M. L. (1978, November). *Supervising the marginal student*. Clinicians' exchange presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(1) Klevans, D. R., & Volz, H. B. (1976, November). *The development and use of the nonverbal behavior system for evaluating clinical interactions in speech pathology*. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(1) Klevans, D. R., Volz, H. B., & Danish, S. J. (1975, November). *A comparison of two programs for training student speech pathologists in effective training skills*. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(1) Klevans, D. R., Volz, H. B., Fiore, M. E., & Love, C. A. (1980, November). *Parents' and adult*

clients' preferences for different verbal interaction styles. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(6) Knepflar, K. J. (1976, November). Practical approaches to report writing in the field of communication disorders. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(13) Kopin, M. A. (1981, November). The school clinician becomes a cooperating teacher. Paper presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(7) Kramer, C. A., Solomon, B. S. W., & Walker, N. M. (1979, November). Supervisory assessment of diagnostic skills. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(15) Kramer, W. L., Hull, R. A. Heady, L. S., Erb, L. L. V., Thornburg, J. D., & Updike, C. D. (1985, November). Student and faculty perceptions of

thirteen proposed clinical supervision competencies. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(4) Laccinole, M. D. (1983, November). *The development of self-evaluation skills in student-clinicians*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(4) Laccinole, M. D., & Shulman, B. B. (1984, November). *Clinical effectiveness training for the student-clinician*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(7) Larson, L. C., & Smith, K. J. (1976, November). *Development of minimum clinical competencies for speech pathology school practicum form during student teaching experience*. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(20) Lemmer, E. C. J., & Drake, M. L. (1981, November). *Client management and professional development:*

A student training cycle. Paper presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(12) Lotterman, S. H., & Barry, M. (1985, November). Instruction in audiologic case history technique through computer simulation. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(8) Lougeay-Mottinger, J. W. (1983, November). Efficient record keeping for practicum supervisors. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(10) Lougeay-Mottinger, J., Harris, M. R., & Stillman, R. D. (1987, November). Use of videotape analysis to change clinical behavior. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(10) McCrea, E. S. (1979, November). Supervisee self-exploration and four facilitative dimensions of

supervisor behavior. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(3) McCready, V., & Kennedy, K. B. (1984, November). The view from the other side: A supervisee panel. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(20) McCready, V., Kennedy, K. B., & Shapiro, D. A. (1985, November). Supervisors--supervisees: A view from both sides. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(7) Martin, K., & Green-Smith, J. W. (1980, November). Criteria-based assessment and feedback in diagnostic laboratory experiences. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(7) Marvin, C. A., & Tiger, R. J. (1986, November). Linking program competencies and an intervention practicum performance evaluation

system. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(7) Marvin, C. A., & Tiger, R. J. (1987, November). *Validation data for a competency-based intervention practicum performance evaluation system*. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(7) Mashima, P. A. (1987, November). *Evaluation of clinical competencies in speech-language pathology*. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(9) Mawdsley, B. L. (1984, November). *The integrative task-maturity model of supervision (ITTMS)*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(10) Mawdsley, B. L. (1985, November). *Individualizing supervisory style based on competency level of the supervisee*. Miniseminar presented at the

meeting of the American Speech-Language-Hearing Association, Washington, DC.

(4) Mawdsley, B. L. (1985, November). *Self-supervisory tools for the beginning speech-language pathology student*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC

(15) Mercaitis, P. A., & Peaper, R. E. (1984, November). *Supervisor ratings as a function of supervisory vs. clinical experience*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(4) Mercaitis, P. A., & Wener, D. L. (1986, November). *Graduate clinicians' perceived utility of a self-evaluation instrument within the supervision process*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(13) Meyer, W. H., & Evans, R. P. (1979, November). *Speech pathology externships in a rurally based training program*. Paper presented at the

meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(13) Meyer, W. H., Rademaker, B. K., Klescewski, S. E., & Kellogg, R. C. (1980, November). Services for school children: A training program's response to PL 94-142. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(13) Miller, J. C. (1985, November). College and university practicum programs in the schools. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(7) Miller, J. C. (1987, November). Evaluation in practicum programs in the schools. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(7) Miller, P. S. (1980, November). LSUMC speech pathology clinical competency/proficiency log. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit,

MI.

(13) Mogil, S., Rassi, J. A., Bessette-Munroe, S., Murphy, B., Murphy, K., & Ulrich, S. R. (1986, November). Off-campus student supervision: Panel perspectives. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(7) Monnin, L. M., & Peters, K. M. (1984, November). Evaluation of student clinicians on a measurable continuum. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(7) Monnin, L. M. & Peters, K. M. (1985, November). Supervisory paradigm--behavioral model for evaluating student clinicians. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(7) Monnin, L. M., & Peters, K. M. (1986, November). Supervisory paradigm--behavioral model for evaluating student clinicians. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(15) Mornout, C. J., Siegle, D. H., & Solomon, B. S. W. (1985, November). Which competencies are important for effective clinical supervision? Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(14) Morrison, E. B., Rigrodsky, S., & Caracciolo, G. L. (1982, November). Supervision following the CFY: Peer supervision for the working professional. Paper presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(10) Mullendore, J. M., Koller, D. E., & Payne, P. D. (1976, November). The use of live closed-circuit television for direct supervision. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(9) Mullendore, J. M., Koller, D. E., & Truax, B. B. (1976, November). The elements of a hierarchical model of supervision of speech and language clinicians. Paper presented at the meeting of the American Speech and Hearing

Association, Houston, TX.

(10) Murphy, W. R. (1979, November). *Use of constructive criticism to strengthen the supervisor-student relationship*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(3) Myers, F. L. (1979, November). *Clinician needs in the practicum setting*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(9) Neislar, S. K., Schicht, M. D., & Payne, N. J. (1978, November). *Clinical supervision: A competency-based model*. Video presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(18) Nelson, G. (1972, November). *Supervised training in clinical supervision*. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(15) Nelson, G. (1973, October). *University supervision of clinical practicum in speech and language*

pathology: Let's set some standards. Paper presented at the meeting of the American Speech and Hearing Association, Detroit, MI.

(20) Nelson, G. (1974, November). *Does supervision make a difference?* Paper presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(7) Newman, C. W. (1980, November). *Competency-based module for electrophysiological measurement procedures in clinical practicum*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(15) Newman, C. W. (1981, November). *Supervisory performance analysis in clinical teaching*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(10) Nilsen, J. F. (1983, November). *Direct indirect supervision and alteration of clinician behavior*. Paper presented at the meeting of the American Speech-Language-Hearing Association,

Cincinnati, OH.

(7) Nunez, L. M., & Bacon, S. E. (1986, November). Comparison of supervisor/student therapy evaluation using descriptors versus numerals. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(2) Nunez, L. M., Bacon, S. E., & Levin-DeFazio, J. A. (1985, November). Personality characteristics and clinical performance variables of student clinicians. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(14) Nurick, E. L., & Bowers, V. J. (1987, November). A differentiated approach to the supervision of the experienced clinician. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(18) Oas, D. B. (1984, November). Evaluating continuing education activities for supervisors. Paper presented at the meeting of the American

Speech-Language-Hearing Association, San Francisco, CA.

(7) Oas, D. B., & Sparks, S. N. (1979, November). Supervisor and self-ratings of student clinician performance: Implications for training. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(5) Pappas, F. O., Norman, M. C., & Owen, W. L. (1983, November). Managing the clinically marginal student in university training programs. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(20) Patterson, S. S. Beale, C., Parnell, M. M., & LaVoi, G. W. (1976, November). Clinical supervision: A practical approach. Miniseminar presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(10) Payne, P. D., Koller, D. E. (1974, November). Teaching and supervising student clinicians using closed-circuit television. Paper

presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(3) Peaper, R. E. (1983, November). *Pre-planned agendas for and students' perceptions of the supervisory conference*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(20) Peaper, R. E., & Wener, D. L. (1982, November). *A comparison of perceptions of written clinical plans and reports*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(10) Pendleton, H. W., Tousley, M., Massa, D. D., Compton, M. V., & Bull, G. L. (1978, November). *Clinical supervision and videotape instructional techniques*. Video presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(7) Peters, K. M., & Monnin, L. M. (1983, November). *Evaluation of student clinicians: Baseline performance--model for role changes*. Paper presented at the meeting of the American

Speech-Language-Hearing Association, Cincinnati, OH.

(9) Philips, B. J., & Brady, W. A. (1974, November). Models for supervision of clinical practice of students. Miniseminar presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(16) Pickering, M. (1976, November). An examination of various dimensions of the supervisory process and relationship such as authenticity, conflict, risk-taking. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(11) Pickering, M. (1980, November). Interpersonal communication in speech-language pathology supervisory conferences. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(17) Pickering, M., Crago, M. Doehring, D., Smith, K., & Naremore, R. (1986, November). Doing and publishing supervision research: The state of the art. Miniseminar presented at the meeting

of the American Speech-Language-Hearing Association, Detroit, MI.

(19) Pickering, M., Gavett, E., Rassi, J. A., & Kennedy, K. B. (1985, November). *University clinical supervision/clinical supervisors: A presentation of issues*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(19) Pickering, M. & McCready, V. (1982, November). *Supervisory journals: An "inside" look at supervision*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(16) Pickering, M., & VanRheenen, D. D. (1983, November). *Interpersonal communication in clinical and supervisory relationships: Skills, research, theory*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(16) Pickering, M., & VanRheenen, D. D. (1984, November). *Supervisory conferences: A place*

for teaching interpersonal communication concepts, skills. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(16) Pickering, M., & VanRheenen, D. D. (1985, November). Clinical and supervisory communication processes: A relational systems perspective. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(15) Polk, G. G., Sbaschnig, K. V., & Williams, C. J. (1981, November). A supervisory evaluation audit. Paper presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(1) Poppe, C. J. (1975, November). Interaction analysis of the parent-clinician diagnostic interview in speech pathology. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(13) Porter, J., & Conover, H. (1986, November). A profile of clinical supervisors in student

intern sites. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(3) Powell, T. W. (1986, November). *A rating scale for measurement of attitudes toward clinical supervision*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(11) Powell, T. W. (1986, November). *Deictic pronouns as a measure of supervisory focus*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(1) Pratt, J. E., Sabelka, D. H., & Hansen, K. R. (1975, November). *A comparison of clinical effectiveness between student clinicians utilizing the Boone-Prescott content and sequence analysis system*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(13) Prichard, C. L., & Cartwright, L. R. (1986, November). *Clinical externship experiences:*

Icing on the cake. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(12) Prichard, C. L., Jones R. R., Atkins, C. P., & Mitchell, P. R. (1987, November). Interpersonal communication skills: Audiology supervisors' and students' perceptions. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(12) Rassi, J. A. (1977, November). A training program in audiology supervision. Paper presented at the meeting of the American Speech and Hearing Association, Chicago, IL.

(12) Rassi, J. A. (1979, November). Goal-oriented, competency-specific evaluation for supervised audiology practicum. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(12) Rassi, J. (1980, November). The evolution of a training program in audiology supervision. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association,

Detroit, MI.

(7) Rassi, J. A. (1983, November). *Evaluative and nonevaluative feedback for practicum students: A supervisors' exchange*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(20) Rassi, J. A. (1984, November). *Comparing methodologies of clinical instruction and observation: A supervisors' exchange*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(12) Rassi, J. A. (1985, November). *Evaluation of leadership ability in audiology supervisors*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(12) Rassi, J. A. (1987, November). *Student evaluation of an audiology practical examination and of self-achievement*. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(7) Rathmel, B. L. (1980, November). The effect of operationalizing low rated competencies from the W-PACC. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(11) Ritter, P. S., & Conover, H. (1985, November). The CEF: Increasing effective communication in the supervision process. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(11) Roberts, J. E. (1979, November). Supervisor-supervisee conference behavior. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(19) Roberts, J. E. (1982, November). Supervisors' causal explanations of the outcome of a therapy session. Paper presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(1) Roberts, J. E., & McCready, V. (1984, November). Clinicians' attributions for therapy session outcomes. Paper presented at the meeting of the

American Speech-Language-Hearing Association, San Francisco, CA.

(20) Rockman, B. K. (1977, November). Supervisor as clinician: A point of view. Paper presented at the meeting of the American Speech and Hearing Association, Chicago, IL.

(7) Runyan, S. E., & Seal, B. C. (1983, November). A comparison of supervisors' performance on subjective ratings and guided ratings. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(20) Runyan, S. E., & Seal, B. C. (1987, November). Time management in supervision: A descriptive study of time distribution. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(7) Russell, L. H., & Halfond, M. M. (1985, November). An expanded view of the evaluative component of clinical supervision. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(6) Sanders, K., Middleton, G. F., Puett, V., & Pannbacker, M. (1984, November). _Report writing: Current issues and proposed directions_. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(7) Saniga, R. D., & Dykes, S. F. (1981, November). _Clinician evaluation forms and grading criteria, a longitudinal study_. Paper presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(7) Saniga, R. D., & Tisdale, C. (1982, November). _The effect of verbal markers on prediction of practicum grades_. Paper presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(20) Sbaschnig, K. V., Schatz, K. H., Hayes, R. C., & Presnell, T. M. (1987, November). _Clinician perceptions of the efficacy of peer supervision_. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(10) Sbaschnig, K. V., Sziraki, D., & Matecun, T. W. (1986, November). An analysis of preference in supervisory conference styles. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(15) Sbaschnig, K. V., & Williams, C. J. (1983, November). A reliability audit for supervisors. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(13) Sbaschnig, K. V., & Williams, C. J. (1984, November). A reliability audit for externship supervisors. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(7) Schalk, M. C., & Peroff, L. (1972, November). Consistency of supervisory evaluations of students at university training centers. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(9) Schloff, L., & Martinez, S. (1983, November). Speech-language pathologists and multicultural

populations: A proposed training model. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(20) Schloff, L., & Martinez, S. (1984, November). Training students to work with multicultural populations: Results and implications. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(16) Schmidt, A. A., & Fischer, M. A. (1985, November). Effective supervisor/supervisee relationships: Utilizing a perception and judgment indicator. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(16) Schmitt, J. F., & Gibbs, D. P. (1984, November). Interpersonal skills in clinical supervision: An investigation of efficacy data. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(9) Schoenberg, M. C., Larson, L. C., & Gevaart, C. C. (1980, November). *The Schoenberg parametric model of supervision*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(7) Scholl, K. J., Norris, J. A., Adams-Davis, P. M., & Friehe, M. J. (1978, November). *Evaluation procedures for student practicum*. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(7) Scholl, K. J., Norris, J., Friehe, M. J., & Davis, P. (1979, November). *Computerized evaluation of diagnositc clinical practicum*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(19) Schubert, G. W., & Aitchison, C. J. (1975, November). *A profile of clinical supervisors in college and university speech and hearing programs*. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(1) Schubert, G. W., Miner, A., & Prather, E. (1972,

November). *Comparison of therapy behavior of beginning and advanced student clinicians determined by use of the "Analysis of Behavior of Clinician" scale*. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(11) Schubert, G. W., & Nelson, J. A. (1976, November). *Verbal behaviors occurring in speech pathology supervisory conferences*. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(10) Schumacher, G. P., & Hasselbring, T. S. (1982, November). *A microcomputer-based feedback system for training speech-language pathologists*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Toronto, Canada.

(7) Schwartz, J. H., Lohsen, B. W., & Patrick, S. B. (1978, November). *A team evaluation approach to university supervision*. Paper presented at meeting of the American Speech and Hearing Association, San Francisco, CA.

(10) Scudder, R. R. (1977, November). The effect of feedback upon certain factors of clinician behavior. Paper presented at the meeting of the American Speech and Hearing Association, Chicago, IL.

(19) Seal, B. C. (1985, November). Establishing state-level university supervisors' groups: Support, status, and success. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(13) Semanko, G. E., Gronhovd, K. D., Brusegaard, L. M., McDermott, L. D., & Schulz, D. (1980, November). The university/public school liaison: A SHARE concept. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(19) Semanko, G. E., Moore, M. E., Besing, J., & Klass, P. (1985, November). Supervisory activities and time in a university clinic. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(20) Shapiro, D. A., & Anderson, J. L. (1985,

November). An analysis of one measure of supervisory effectiveness. Paper presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(9) Shapiro, D. A., & Moses, N. (1987, November). Problem-solving in the supervisory process. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(11) Shattuck, D. L., Kennedy, K. B., & Laikko, P. (1984, November). Supervisory conference verbal interaction: Can interaction be trained and modified? Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(2) Shriberg, L. D., Bless, D. M., Carlson, K. A., Filley, F. S., Kwiatkowski, J., & Smith, M. E. (1976, November). Grade-point average, personality, and clinical competence. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(7) Silverstein, J. E. (1978, November).

Interrelationships of supervisor ratings, clinician self-ratings, and consumer ratings. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(7) Silverstein, J. E., & Wismer, S. (1979, November). *Interrelationships of supervisor, clinician, and consumer ratings: Phase II*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(7) Simon, C. S. (1975, November). *To summarize is to focus: Consideration of a method for communicating supervisory comments to student-clinicians*. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(3) Sleight, C. C., & Klevans, D. R. (1980, November). *Anxiety in student clinicians*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(11) Smith, K. J. (1979, November). *Supervisory conference questions: Who asks them and what*

are they? Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(17) Smith, K. J. (1983, November). *Supervision research: Past history, current issues, and proposed directions*. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(11) Smith, K. J., & Anderson, J. L. (1977, November). *Content and effectiveness of individual supervisory conferences in speech pathology*. Paper presented at the meeting of the American Speech and Hearing Association, Chicago, IL.

(18) Smith, K. J., Anderson, J. L., Brasseur, J. A., Casey, P. L., Gantz, C. K., Laccinole, M. D., McCrea, E. S., Rassi, J. A., & Ulrich, S. R. (1985, November). *Preparation and training models for the supervisory process*. Short course presented at the meeting of the American Speech-Language-Hearing Association, Washington, DC.

(7) Smith, K. J., & Larson, L. C. (1975, November).

Minimum clinical competencies for speech pathology school practicum. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(13) Soroky, D. L., Hall, E. P., Kent, E. K., & Drake, M. (1981, November). A model for public school clinical practicum and directed teaching. Paper presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(10) Stevens, L. J., & Miller, L. (1986, November). Communication-based and linguistic differences between directive and non-directive supervisory styles. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(18) Strike, C. A. (1987, November). Training two verbal behaviors of supervisors in speech-language pathology. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(18) Strike, C. A., & Anderson, J. (1986, November).

Training questioning behavior of supervisors in speech-language pathology. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(11) Strong, J. C., & Ensley, C. G. (1979, November). The effect of student clinician feedback on the supervisory process. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(7) Till, J. A., & Rosenstock, E. (1981, November). Relations between clinician experience, evaluation ratings and practicum grade. Paper presented at the meeting of the American Speech-Language-Hearing Association, Los Angeles, CA.

(7) Uhl, S. M., Weinrich, B. D., & Hutchinson, D. C. (1984, November). A cross-section of supervision instruments. Poster session presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(19) Ulrich, S. R., & Giolas, T. G. (1977, November).

Status of clinical supervisors: A model for reappointment and promotion. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(15) Ulrich, S. R., & Watt, J. (1977, November). *Competence of clinical supervisors: A statistical analysis*. Paper presented at the meeting of the American Speech and Hearing Association, Chicago, IL.

(20) Underwood, J. K., & Anderson, J. L. (1974, November). *Supervision of the clinical process in speech pathology: Issues and practices*. Short course presented at the meeting of the American Speech and Hearing Association, Las Vegas, NV.

(20) Updike, C. D., & Thornburg, J. D. (1987, November). *Audiology versus speech-language pathology supervisors' perceptions of ASHA-approved competencies*. Paper presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(18) VanDemark, A. A., Borton, T. E., Dowling, S.,

Nelson, G. B., Rassi, J., Ulrich, S. R., & Vallon, J. (1980, November). Qualification for supervisors: A proposal for discussion. Miniseminar presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(11) VanRheenen, D. D., Pickering, M., & Heim, B. B. (1986, November). Interpersonal communication in the relational development of supervisor-supervisee dyads. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(4) Van Vliet, L. (1980, November). Training undergraduate students to function more independently. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(7) Videlock, J. L., & Chabon, S. S. (1979, November). The development of competency-based profiles of graduate student clinicians. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(1) Volz, H. B., Klevans, D. R., Danish, S. J. (1975, November). Two programs for training student speech clinicians in helping skills: Effects on clinician performance and client progress. Paper presented at the meeting of the American Speech and Hearing Association, Washington, DC.

(1) Volz, H. B., Klevans, D. R., & Danish, S. J. (1976, November). An application of the helping skills verbal response system to clinical interactions in speech pathology. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(3) Wallace, B. L. (1972, November). General student concerns. Panel presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(10) Ward, L. M., Antwine, B. M., Hillard, S. W., Covington, J. R., & Barker, L. (1984, November). Communicative strategies for improving supervision. Short course presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(12) Waryas, P. A. (1986, November). *Computer-assisted instruction (CAI) in audiology practicum*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Detroit, MI.

(10) Wasinger, J. L., & Ortman, K. J. (1984, November). *Simulation: A method of increasing students' clinical problem-solving skills*. Paper presented at the meeting of the American Speech-Language-Hearing Association, San Francisco, CA.

(19) Weinrich, B. D., & Uhl, S. (1978, November). *Determining case load for a university clinic supervisor*. Paper presented at the meeting of the American Speech and Hearing Association, San Francisco, CA.

(7) Weinrich, B. D., Uhl, S., & Considine, L. (1979, November). *Competency based evaluations of students in practicum at university clinics*. Paper presented at the meeting of the American Speech-Language-Hearing Association, Atlanta, GA.

(18) Wells-Weekly, B. J. (1985, November). Continuing education for externship supervisors. Paper presented at the American Speech-Language-Hearing Association, Washington, DC.

(20) Whiteside, J. D., Larson, L. D., Nelson, P. B., & Rainbolt, H. R. (1983, November). Bits and bytes in supervision. Paper presented at the meeting of the American Speech-Language-Hearing Association, Cincinnati, OH.

(7) Wiggins, E., Culatta, R., & Colucci, S. (1973, October). A preliminary analysis of communication between supervisors and clinical trainees. Paper presented at the meeting of the American Speech and Hearing Association, Detroit, MI.

(9) Wilder, C. N., & Townsend, N. M. (1976, November). Group supervision in clinical training in speech pathology. Paper presented at the meeting of the American Speech and Hearing Association, Houston, TX.

(19) Wilt, S. M. (1987, November). Growth through change: The Satir model for professional

development. Double miniseminar presented at the meeting of the American Speech-Language-Hearing Association, New Orleans, LA.

(18) Wingo, J. W., Lamb, L. E., Rhodes, R. C., Matul, J. A., Webster, L. M., & Areitio, R. A. (1973, October). *The training process: A frank discussion*. Panel presented at the meeting of the American Speech and Hearing Association, Detroit, MI.

Appendix B

Dissertations on the Supervisory Process

1965-1987

Andersen, C. (1981). The effect of supervisor bias on the evaluation of student clinicians in speech/language pathology and audiology (Doctoral dissertation, Indiana University, 1981). *Dissertation Abstracts International*, *41*, 4479B. (University Microfilms No. 81-12,499)

Brasseur, J. (1980). The observed differences between direct, indirect, and direct/indirect videotaped supervisory conferences by speech-language pathology supervisors, graduate students, and undergraduate students (Doctoral dissertation, Indiana University, 1980). *Dissertation Abstracts International*, *41*, 2131B. (University Microfilms No. 80-29,212)

Caracciolo, G. (1976). Perceptions by speech pathology student clinicians and supervisors of interpersonal conditions and professional growth during the supervisory conferences (Doctoral dissertation, Columbia University, 1976).

Dissertation Abstracts International, 37, 4411B. (University Microfilms No. 77-04,183)

Casey, P. (1980). The validity of using small segments for analyzing supervisory conferences with McCrea's Adapted System (Doctoral dissertation, Indiana University, 1980). Dissertation Abstracts International, 41, 1729B. (University Microfilms No. 80-24,566)

Dowling, S. (1977). A comparison to determine the effects of two supervisory styles, conventional and teaching clinics, in the training of speech pathologists (Doctoral dissertation, Indiana University, 1976). Dissertation Abstracts International, 37, 889B. (University Microfilms No. 77-01,883)

Engnoth, D. (1974). A comparison of three approaches to supervision of speech clinicians in training (Doctoral dissertation, University of Kansas, 1973). Dissertation Abstracts International, 34, 6261B. (University Microfilms No. 74-12,552)

Farmer, S. (1984). Supervisory conferences in communicative disorders: Verbal and non-verbal interpersonal communication pacing (Doctoral dissertation, University of Colorado, 1983). *Dissertation Abstracts International*, *44*, 2715B. (University Microfilms No. DA8400891)

Ghitter, R. (1986). Relationship of interpersonal factors and selected background variables to supervisee clinical effectiveness within supervisor/supervisee dyads in speech-language pathology (Doctoral dissertation, University of Maryland, 1985). *Dissertation Abstracts International*, *47*, 593B. (University Microfilms No. DA8608804)

Goodwin, W. (1977). The frequency of occurrence of specified therapy behaviors of student speech clinicians following three conditions of supervisory conferences (Doctoral dissertation, Indiana University, 1976). *Dissertation Abstracts International*, *37*, 3889B. (University Microfilms No. 77-01,892)

Hagler, P. (1987). Effects of verbal directives, data and contingent social praise on amount of supervisor talk during speech-language pathology supervision conferencing (Doctoral dissertation, Indiana University, 1986). *Dissertation Abstracts International*, *47*, 4840B. (University Microfilms No. DA8707789)

Hall, A. (1971). The effectiveness of videotape recordings as an adjunct to supervision of clinical practicum by speech pathologists (Doctoral dissertation, Ohio State University, 1970). *Dissertation Abstracts International*, *32*, 612B. (University Microfilms No. 71-18,014)

Hatten, J. (1966). A descriptive and analytical investigation of speech therapy supervisor therapist conferences (Doctoral dissertation, University of Wisconsin, 1965). *Dissertation Abstracts International*, *26*, 5595-5596. (University Microfilms No. 65-13,735)

Ingrisano, D. (1979). An experiment in clinical process reactivity (Doctoral dissertation, Indiana University, 1978). *Dissertation Abstracts International*, *40*, 3231B. (University Microfilms No. 79-00,395)

Kennedy, K. (1981). The effect of two methods of supervisor preconference written feedback on the verbal behaviors of participants in individual speech pathology supervisory conferences (Doctoral dissertation, University of Oregon, 1981). Dissertation Abstracts International, 42, 2071A. (University Microfilms No. 81-23,492)

Larson, L. (1982). Perceived supervisory needs and expectations of experienced vs. inexperienced student clinicians (Doctoral dissertation, Indiana University, 1981). Dissertation Abstracts International, 42, 4758B. (University Microfilms No. 82-11,183)

McCrea, E. (1980). Supervisee ability to self-explore and four facilitative dimensions of supervisor behavior in individual conferences in speech language pathology (Doctoral dissertation, Indiana University, 1980). Dissertation Abstracts International, 41, 2134B. (University Microfilms No. 80-29,239)

Nilsen, J. (1983). Supervisor's use of direct/indirect verbal conference style and alteration of clinical behavior (Doctoral dissertation, University of

Illinois, 1983). Dissertation Abstracts International, 43, 3935B. (University Microfilms No. 83-09,991)

Pickering, M. (1979). Interpersonal communication in speech-language pathology clinical practicum: A descriptive humanistic perspective (Doctoral dissertation, Boston University, 1979). Dissertation Abstracts International, 40, 2140B. (University Microfilms No. 79-23,892)

Roberts, J. (1982). An attributional model of supervisors' decision-making behavior in speech-language pathology (Doctoral dissertation, Indiana University, 1981). Dissertation Abstracts International, 42, 2794B. (University Microfilms No. 81-28,040)

Shapiro, D. (1985). An experimental and descriptive analysis of supervisee's commitments and follow-through behaviors as one measure of supervisory effectiveness in speech-language pathology and audiology (Doctoral dissertation, Indiana University, 1984). Dissertation Abstracts International, 45, 2889B. (University Microfilms

No. 84-26, 682)

Smith, K. (1978). Identification of perceived effectiveness components in the individual supervisory conference in speech pathology and an evaluation of the relationship between ratings and content in the conference (Doctoral dissertation, Indiana University, 1977). Dissertation Abstracts International, 39, 680B. (University Microfilms No. 78-13,175)

Tihen, L. D. (1984). Expectations of student speech/language clinicians during their clinical practicum (Doctoral dissertation, Indiana University, 1983). Dissertation Abstracts International, 44, 3048B. (University Microfilms No. 84-01,620)

Tufts, L. (1984). A content analysis of supervisory conferences in communicative disorders and the relationship of the content analysis to the clinical experience of supervisees (Doctoral dissertation, Indiana University, 1983). Dissertation Abstracts International, 44, 3048B. (University Microfilms No. DA8401588)

Underwood, J. (1973). Interaction analysis between the supervisor and the speech and hearing clinician (Doctoral dissertation, University of Denver, 1973). *Dissertation Abstracts International*, *34*, 2995B. (University Microfilms No. 73-29,608)

Appendix C

Summary Chart of Dissertation Content

	conf cont	super style	per	exp	aff	eff	other
Anderson				*			
Brasseur	*	*	*				
Caracciolo			*		*	*	
Casey							*
Dowling	*	*					
Engnoth		*				*	
Farmer		*			*		
Ghitter			*		*	*	
Goodwin	*	*				*	
Hagler	*					*	*
Hall	*	*				*	
Hatten	*		*				
Ingrisano							*
Kennedy	*	*					
Larson				*			
McCrea	*				*		
Nilsen	*	*	*			*	
Pickering	*				*		

	conf cont	super style	per	exp	aff	eff	other
Roberts							*
Shapiro	*					*	
Smith	*		*			*	
Tihen				*			
Tufts	*						
Underwood	*		*				*

Appendix D

Summary Chart of Dissertation Instrumentation and Methodology

	Instrumentation			Methodology			
	Rating	IA	Misc	Case SS	Des[a]	Corr	Exp
Anderson	*					*	*
Brasseur	*	*			*		
Caracciolo	*	*			*		
Casey		*			*		
Dowling		*					*
Engnoth			*	*			
Farmer	*		*				*
Ghitter	*				*	*	
Goodwin		*					*
Hagler			*				*
Hall	*						*
Hatten		*	*		*	*	
Ingrisano			*	*			
Kennedy		*				*	*
Larson	*				*		
McCrea		*			*		

	Instrumentation			Methodology			
	Rating	IA	Misc	Case SS	Des[a]	Corr	Exp
Nilsen		*			*		
Pickering			*		*(ql)		
Roberts			*		*		
Shapiro			*				*
Smith	*	*			*	*	
Tihen	*				*		
Tufts			*		*		
Underwood	*	*			*		

[a] Quantitative descriptive methodology unless noted as qualitative

Appendix E

Dissertation Outcomes

ANDERSON, C.	Supervisors influenced in supervisee evaluation by knowledge of supervisees prior to the evaluation
BRASSEUR, J.	Supervisees differentiated various supervisory styles
CARACCIOLO, G.	Supervisor and supervisee perceived interpersonal interactions and clinical change differently, but both were positive
CASEY, P.	Five minute segments of analysis valid for most categories
DOWLING, S.	No significant differences between teaching clinic and conventional supervision; trends emerged
ENGNOTH, G.	Students learned from varying styles, but preferred modified instructional conferences
FARMER, S.	Students trained to identify and use various pacing techniques

GHITTER, P.	Six variables (both supervisor and supervisee) accounted for 46% of the variance of clinician effectiveness
GOODWIN, W.	Length of conference caused changes in clinical outcomes for a variety of variables
HAGLER, P.	Supervisors capable of reducing conference talk time when instructed to "talk less"
HALL, A.	Type of feedback and clinical outcomes showed NS results; trends indicated individual needs differ
HATTEN, J.	Emotional tone of conference affected perceptions of usefulness
INGRISANO, D.	Reactive effect of audio and video data collection found on therapy interactions
KENNEDY, K.	In some content areas, conference changed depending on prior feedback
LARSON, L.	Expectations regarding conferences centered around active involvement in conference and active role of

	supervisor
McCREA, E.	Interpersonal dimensions in conference low; clinician self-exploration not facilitated
NILSEN, J.	Clinicians altered behavior when specific behavior was targeted; clinicians' perceptions not same as behaviors
PICKERING, M.	Conferences were instructional, task-oriented; interaction about client, not feelings
ROBERTS, J.	Clinician viewed as major actor in session, responsible for outcome and focus of supervisory interaction
SHAPIRO, D.	Commitments in conferences made and followed through; commitments varied depending on feedback and time in semester
SMITH, K.	Conference content and perceived effectiveness related and varied, depending on selected factor
TIHEN, L.	Level of student training affected

	expectations; supervisors expectations differed
TUFTS, L.	Conference content analyzed with no differences found among groups by level of experience
UNDERWOOD, J.	Conference content analyzed; analysis system developed

Appendix F

Sources for Locating Research on the Supervisory Process

INDEXES:

ASHA Convention Program Booklets

Business Periodicals Index

CIJE (*Current Index to Journals in Education*)

Cumulative Index to Nursing and Allied Health Literature

Dissertation Abstracts International

Education Index

ERIC (Computerized data base)

Index Medicus

Masters Abstracts International

Personnel Management Abstracts

Psychological Abstracts

Sociological Abstracts

OTHER SOURCES & DESCRIPTORS:

CUSPSPA (Dr. Patricia Casey, University of Wisconsin at Whitewater)

Supervisors/Supervision

Supervisory Training

"   Conferences

"   Perceptions

"   Activities

"   Methods

Interaction Process Analysis

Interpersonal Skills

Observation

Evaluation

Appendix G

Categories of Supervision Research

Characteristics of Student Clinicians/Dimensions of Clinicians' Behaviors

Cooper, E. B., Eggertson, S. A., & Galbraith, S. A. (1972). Clinician personality factors and effectiveness: A three study report. Journal of Communication Disorders, 5, 270-274.

Dowling, S. (1984). Clinical evaluation: A comparison of self, self with videotape, peers, and supervisors. The Clinical Supervisor, 2(3), 71-78.

Dowling S. (1985). Clinical performance characteristics failing, average and outstanding clinicians. The Clinical Supervisor, 3(3), 49-54.

Dowling, S., & Bliss, L. S. (1984). Cognitive complexity, rhetorical sensitivity: Contributing factors in clinical skill? Journal of Communication Disorders, 17, 9-17.

Haynes, W. O., & Oratio, A. R. (1978). A study of clients' perceptions of therapeutic effectiveness. Journal of Speech and Hearing Disorders, 43, 21-33.

Oratio, A. R. (1976). A factor-analytic study of

criteria for evaluating student clinicians in speech pathology. Journal of Communication Disorders, 9, 199-210.

Oratio, A. R. (1978a). Comparative perceptions of therapeutic effectiveness by student clinicians and clinical supervisors. Asha, 20, 959-962.

Oratio, A. R. (1978b). Interrelationship between interpersonal and technical skills of student clinicians in speech therapy. Acta Symbolica, VII-IX(1), 29-41.

Oratio, A. R. (1980). Dimensions of therapeutic behavior. Journal of Communication Disorders, 13, 213-230.

Schubert, G. W., & Glick, A. M. (1974). A comparison of two methods of recording and analyzing student clinician-client interaction. Acta Symbolica, 5(3), 39-55.

Schubert, G. W., & Mercer, A. L. (1975). Nonverbal behaviors used by two different groups of clinicians during therapy. Acta Symbolica, 6(1), 41-57.

Shriberg, L. D., Bless, D. M., Carlson, K. A., Filley, F. S., Kwiatkowski, J., & Smith, M. E. (1977).

Personality characteristics, academic performance, and clinical competence in communication disorders majors. Asha, 19, 311-321.

Shriberg, L. D., Filley, F. S., Hayes, D. M., Kwiatkowski, J., Schatz, J. A., Simmons, K. M., & Smith, M. E. (1975). The Wisconsin procedure for appraisal of clinical competence (W-PACC): Model and data. Asha, 17, 158-165.

Sleight, C. C. (1985). Confidence and anxiety in student clinicians. The Clinical Supervisor, 3(3), 25-48.

Characteristics of Supervisors/Supervisory Preferences

Culatta, R., Colucci, S., & Wiggins, E. (1975). Clinical supervisors and trainees: Two views of a process. Asha, 17, 152-157.

Dowling, S., & Wittkop, J. (1982). Students' perceived supervisory needs. Journal of Communication Disorders, 15, 319-328.

Irwin, R. B. (1975). Microcounseling interviewing skills of supervisors of speech clinicians. Human Communication, 4, 5-9.

Oratio, A. R., Sugarman, M., & Prass, M. (1981). A multivariate analysis of clinicians' perceptions of supervisory effectiveness. Journal of Communication Disorders, 14, 31-42.

Roberts, J. E., & Naremore, R. C. (1983). An attributional model of supervisors' decision-making behavior in speech-language pathology. Journal of Speech and Hearing Research, 26, 537-549.

Runyan, S. E., & Seal, B. C. (1985). A comparison of supervisors' ratings while observing a language remediation session. The Clinical Supervisor, 3(2), 61-75.

Schubert, G. W., & Aitchison, C. J. (1975). A profile of clinical supervisors in college and university speech and hearing training programs. Asha, 17, 440-447.

Sleight, C. C. (1984). Supervisor self-evaluation in communication disorders. The Clinical Supervisor, 2(3), 31-42.

The Supervisory Conference

Blodgett, E. G., Schmitt, J. F., & Scudder, R. R. (1987). Clinical session evaluation: The effect of familiarity with the supervisee. The Clinical

Supervisor, 5(1), 33-43.

Brasseur, J. A., & Anderson, J. L. (1983). Observed differences between direct, indirect, and direct/ indirect videotaped supervisory conferences. Journal of Speech and Hearing Research, 26, 349-355.

Culatta, R., & Seltzer, H. (1976). Content and sequence analysis of the supervisory session. Asha, 18, 8-12.

Culatta, R., & Seltzer, H. (1977). Content and sequence analysis of the supervisory session: A report of clinical use. Asha, 19, 523-526.

Hagler, P., & Fahey, R. (1986). The validity of using short segments for analyzing supervisory conferences in speech pathology. Human Communication Canada, 10(3), 11-15.

Pickering, M. (1984). Interpersonal communication in speech-language pathology supervisory conferences: A qualitative study. Journal of Speech and Hearing Disorders, 49, 189-195.

Roberts, J. E., & Smith, K. J. (1982). Supervisor-supervisee role differences and consistency of behavior in supervisory conferences. Journal of Speech and Hearing Research, 25, 428-434.

Schubert, G. W., & Nelson, J. A. (1976). An analysis of verbal behaviors occurring in speech pathology supervisory conferences. Journal of the National Student Speech and Hearing Association, 4, 17-26.

Shattuck-Hansen, D., Kennedy, K. B., & Laikko, P. A. (1985). Verbal interaction patterns in supervisory conferences: A preliminary investigation. National Student Speech Language Hearing Association Journal, 13(1), 20-35.

Smith, K., & Anderson, J. (1982a). Development and validation of an individual supervisory conference rating scale for use in speech-language pathology. Journal of Speech and Hearing Research, 25, 243-251.

Smith, K. J., & Anderson J. L. (1982b). Relationship of perceived effectiveness to verbal interaction/ content variables in supervisory conferences in speech-language pathology. Journal of Speech and Hearing Research, 25, 252-261.

Methods/Conditions of Supervision

Caracciolo, G. L., Rigrodsky, S., & Morrison, E. B. (1978b). Perceived interpersonal conditions and professional growth of master's level speech-language pathology students during the supervisory process. Asha, 20, 467-477.

Caracciolo, G. L., Morrison, E. B., & Rigrodsky, S. (1980). Supervisory relationships and the growth in clinical effectiveness and professional self-esteem of undergraduate student clinicians during a school-based practicum. Journal of Language, Speech, and Hearing Services in Schools, XI, 118-126.

Cimorell-Strong, J., & Ensley, K. (1982). Effects of student clinician feedback on the supervisory conference. Asha, 24, 23-29.

Dowling, S. (1983a). An analysis of conventional and teaching clinic supervision. The Clinical Supervisor, 1(4), 15-29.

Dowling, S. (1983b). Teaching clinic conference participant interaction. Journal of Communication Disorders, 16, 385-397.

Dowling, S. (1987). Teaching clinic conferences: Perceptions of supervisor and peer behavior. Journal of Communication Disorders, 20, 119-128.

Dowling, S., Sbaschnig, K. V., & Williams, C. J. (1982). Culatta and Seltzer content and sequence analysis of the supervisory session: Question of reliability and validity. Journal of Communication Disorders, 15, 353-362.

Dowling, S., & Shank, K. H. (1981). A comparison of the effects of two supervisory styles, conventional and teaching clinic, in the training of speech and language pathologists. Journal of Communication Disorders, 14, 51-58.

Lass, N. J., Browning, K. N., & Brown, D. M. (1975). Clinician bias: The effects of pretesting information on the evaluations of speech clinicians. Journal of Communication Disorders, 8, 105-113.

Peaper, R. E. (1984). An analysis of student perceptions of the supervisory conference and student developed agendas for that conference. The Clinical Supervisor, 2(1), 55-69.

Sleight, C., Power, E. P., & Calloway, M. C. (1987). Student reactions to group supervision. Human Communication Canada, 11(1), 5-10.

Training of Clinical Skills

Irwin, R. B. (1981a). Training speech pathologists through microtherapy. Journal of Communication

Disorders, 14, 93-103.

Irwin, R. (1981b). Video self-confrontation of speech pathology. Journal of Communication Disorders, 14, 235-243.

Kaplan, N. R., & Dreyer, D. E. (1974). The effect of self-awareness training on student speech pathologist-client relationships. Journal of Communication Disorders, 7, 329-342.

Klevans, D. R., & Volz, H. B. (1978). Interpersonal skill development for speech clinicians. Journal of the National Student Speech and Hearing Association, 6, 63-69.

Klevans, D. R., Volz, H. B., & Friedman, R. M. (1981). A comparison of experiential and observational approaches for enhancing the interpersonal communication skills of speech-language pathology students. Journal of Speech and Hearing Disorders, 46, 208-213.

Roberts, J. E., & McCready, V. (1987). Different clinical perspectives of good and poor therapy sessions. Journal of Speech and Hearing Research, 30, 335-342.

Volz, H. B., Klevans, D. R., Norton, S. J., & Putens, D. L. (1978). Interpersonal communication skills of speech-language pathology undergraduates: The effects of training. Journal of Speech and Hearing Disorders, 43, 524-542.

Other Studies

Anderson, J. L. (1972). Status of supervision in speech, hearing and language programs in the schools. Journal of Language, Speech, and Hearing Services in Schools, III(1), 12-22.

Dowling, S. (1986). Supervisory training: Impetus for clinical supervision. The Clinical Supervisor, 4(4), 27-34.

Mercaitis, P. A., & Peaper, R. E. (1987). Factors influencing supervision evaluation by students in speech-language pathology. The Clinical Supervisor, 5(2), 39-52.

Peaper, R. E. & Wener, D. L. (1984). A comparison of clinical plans and reports. Asha, 28(1), 37-41.

Major Conceptual Essays

Caracciolo, G. L., Rigrodsky, S., & Morrison, E. B.

(1978a). A Rogerian orientation to the speech-language pathology supervisory relationship. Asha, 20, 286-290.

Farmer, S. S. (1985/86). Relationship development in supervisory conferences: A tripartite view of the process. The Clinical Supervisor, 3(4), 5-21.

Farmer, S. S., (1987a). Conflict management and clinical supervision. The Clinical Supervisor, 5(3), 5-28.

Farmer, S. S. (1987b) Visual literacy and the clinical supervisor. The Clinical Supervisor, 5(1), 45-71.

Pickering, M. (1977). An examination of concepts operative in the supervisory process and relationship. Asha, 19, 607-610.

State-of-the-Art-Reviews

Anderson, J. L. (1981). Training of supervisors in speech-language pathology and audiology. Asha, 23(2), 77-82.

Culatta, R., & Helmick, J. W. (1980). Clinical supervision: The state of the art. Part I. Asha, 22, 985-993.

Culatta, R., & Helmick, J. W. (1981). Clinical supervision: The state of the art. Part II. *Asha*, *23*, 21-31.

Shapiro, D. A. (1985). Clinical supervision: A process in progress. *National Student Speech Language Hearing Association Journal*, *13*(1), 89-108.

Table 1

Convention Presentations on Supervision, 1972-1987

year	no. papers	no. (%) sessions	SC	MS/DMS	TS/PS	VS/O
1972	10	4 (3.1%)	0	-- --	3/--	--/1
1973	8	3 (1.7%)	0	0/0	3/--	--/0
1974	12	6 (3.1%)	1	2/0	3/--	--/0
1975	13	4 (1.6%)	0	0/0	3/1	--/0
1976	22	7 (2.7%)	0	1/0	4/1	1/0
1977	11	2[a] (0.7%)	0	0/0	2/0	0/0
1978	18	6[a] (2.2%)	0	1/0	2/1	1/1
1979	32	11 (3.6%)	1	4/0	2/4	0/0
1980	22	8 (3.1%)	0	5/0	2/1	0/0
1981	11	4[a] (1.4%)	1	1/0	0/2	0/0
1982	12	4[a] (1.2%)	0	0/0	1/2	1/0
1983	25	11[a] (3.3%)	1	5/0	3/2	0/0
1984	38[b]	17[a] (4.9%)	1	6/2	3/3	1/1

(table continues)

year	no. papers	no. (%) sessions	SC	MS/DMS	TS/PS	VS/O
1985	33	9 (2.3%)	1	5/0	2/2	0/0
1986	31	11 (3.7%)	1	5/0	3/2	0/0
1987	23	11 (3.2%)	0	6/2	2/1	0/0
Total	321					

a This count does not include session(s) unrelated to supervision that had a paper on supervision. b This count does not include individual papers in a poster session in which all the boards were utilized for one topic, as only one proposal was submitted (Uhl, S. M., & Weinrich, D. C., 1984).

Table 2

Types of Convention Presentations in Supervision since 1972

Category	Total No.
Discussions/Tutorials	74
Examples	103
Investigations	144
Total	321

Table 3

Types of Investigations as Identified in Abstracts

Feature Stressed in Abstract	No.
1. Data Collection: surveys questionnaires, ratings	35
2. Phenomenological/ qualitative methodology	6
3. Design: case study or multiple baseline	7
4. Statistical Analysis	10
5. General reference to Correlations or to "a Study"	86
Total	144

Table 4

ASHA National Convention Presentations

	Topic Categories	No. in Category
1.	Interactions between Student Clinicians and Clients	19
2.	Student Clinicians' Attributes vis-a-vis Clinical Skills and Effectiveness	6
3.	Student Clinicians' Needs, Views and Attitudes	15
4.	Student Clinicians and Self-Supervision	6
5.	Marginal Students	5
6.	Report-Writing	6
7.	Evaluating, Assessing Students and Practicum	53
8.	Practicum Record-Keeping	10
9.	Models or Theories of Supervision and Clinical Training	17
10.	Supervisory Conditions, Styles, Methods, and Techniques	30

(table continues)

	Topic Categories	No. in Category
11.	Conference Behaviors and Analysis	22
12.	Audiology Supervision	12
13.	Off-Campus Supervision	23
14.	Supervision of Individuals Other Than Students	9
15.	The Identification and Evaluation of Supervision Competencies	11
16.	Interpersonal/Relationship Issues	12
17.	Tutorials on Supervision Research	6
18.	Preparation and Training of Supervisors	15
19.	Issues Involving Supervisors	12
20.	General Supervisory Issues, Including Effectiveness	32

Table 5

Repeat Presenters

2X	3X	4X	5X	6X	7 or more
38	11	5	1	2	3

Table 6

Journals Publishing Supervision Research Since 1972

	Journal	No. Articles
1.	*Asha*	15
2.	*Journal of Communication Disorders*	14
3.	*The Clinical Supervisor*	13
4.	*Journal of Speech and Hearing Research* *(JSHR)*	6
5.	*Journal of Speech and Hearing Disorders* *(JSHD)*	4
6.	*National Student Speech Language Hearing Association (NSSLHA) Journal*	4
7.	*Human Communication Canada* (previously *Human Communication*)	3
8.	*Language, Speech, and Hearing Services in Schools* *(LSHSS)*	2
9.	*Acta Symbolica*	3
	Total	64

Table 7

Number of Journal Publications by Year, 1972-1987

Year	No. of Presentations
1972	2
1973	0
1974	2
1975	6
1976	3
1977	2
1978	7
1979	1
1980	3
1981	7
1982	6
1983	4
1984	6
1985	6
1986	2
1987	7
Total	64